

SERFF Tracking Number:	GEFA-125754849	State:	Arkansas
Filing Company:	Genworth Life Insurance Company	State Tracking Number:	39947
Company Tracking Number:			
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group LTC 2008		
Project Name/Number:	Group LTC 2008/7050 POL		

Filing at a Glance

Company: Genworth Life Insurance Company	SERFF Tr Num: GEFA-125754849	State: ArkansasLH
Product Name: Group LTC 2008	SERFF Status: Closed	State Tr Num: 39947
TOI: LTC03G Group Long Term Care	Co Tr Num:	State Status: Approved-Closed
Sub-TOI: LTC03G.001 Qualified	Co Status:	Reviewer(s): Marie Bennett, Harris Shearer
Filing Type: Form/Rate	Authors: Richard Cromwell, June Lipscomb, Jeanette Mai	Disposition Date: 09/11/2008
	Date Submitted: 08/15/2008	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: Group LTC 2008	Status of Filing in Domicile: Pending
Project Number: 7050 POL	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer, Association, Discretionary, Trust
Filing Status Changed: 09/11/2008	Deemer Date:
State Status Changed: 09/11/2008	
Corresponding Filing Tracking Number:	
Filing Description:	

We are submitting the group long term care insurance forms cited in Attachment A to this letter for your review and approval. These forms are new to our portfolio and will not replace any previously filed or approved forms. Substantially similar forms are being filed concurrently in Delaware, our state of domicile.

These forms provide group long term care insurance and are filed for general use in accordance with the applicable

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statutes and regulations of your jurisdiction. The group policy is guaranteed renewable and intended to provide federally tax qualified long term care insurance under the Health Insurance Portability and Accountability Act of 1996. The forms are designed so that the group master policy may be issued to any group eligible by statute and/or regulation in your state for long term care insurance. Coverage may be issued to eligible employees or eligible retirees of an employer group or eligible members of other allowable groups. Coverage may also be offered to any of the following family members of eligible employees of employer groups, eligible retirees of employer groups or the eligible participants of other allowable groups: spouse, partner, surviving spouse or partner, adult child, sibling, parent or grandparent.

The group policyholder will select and design the number and types of plans it wishes to offer to applicants. The policyholder will design these plans with respect to selecting single or multiple options of the following:

- Rate Guarantee Period
- Eligibility for Coverage
- Coverage Maximum
- Elimination Period or Deductible
- Coverage Percentage
- Nursing Facility Maximum
- Benefit Increase Options
- Optional Benefits and Riders
- Policyholder contribution to premium payment

Parameters for these category options are included in the Statements of Variability attached. The policy forms attached include an illustrative sample of an available benefit option.

Benefit Provisions. The following core benefits will be included in each policy issued; however, alternate versions of these benefits may be used as noted in the attached Statements of Variability:

- Privileged Care Coordination Services
- Nursing Facility Benefit
- Assisted Living Facility Benefit
- Home and Community Care Benefit
- Bed Reservation Benefit
- Home Assistance Benefit
- Hospice Care Benefit

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- Respite Care Benefit
- Alternate Care Benefit
- International Coverage Benefit
- Waiver of Premium Benefit
- Contingent Nonforfeiture

In addition, the following optional benefits may be offered. Similarly, alternate versions of these benefits may also be offered as noted in the attached Statements of Variability:

- Informal Care Benefit
- Return of Premium on Death Benefit
- Restoration Benefit
- Transition Benefit
- Nonforfeiture Benefit Rider
- Joint Coverage Rider
- Shared Coverage Rider
- Survivorship Benefit.

Several Benefit Increase Options will be offered including: 5% Compound; 3% Compound; Purchase Options; and others as listed in the attached Statements of Variability.

Variability of Forms. We have included separate Statements of Variability for: the policy, certificate and related forms; the policy and certificate schedule pages; and Benefit Increase Options. These Statements address the purpose of any bracketed fields found in the policy and related forms.

Applications. We are including the following applications for your review and approval: Group Master Application, 7050 MA; Applications 43160 (Long Form) and 44752 (Comprehensive Modified Guaranteed Issue). In addition, we also intend to use applications 37607(Guaranteed Issue), 37608 (Simplified Modified Guaranteed Issue) and 37610 (Short Form), which were previously approved by your Department on 9/13/05.

Additional Forms. A Personal Worksheet and Potential Rate Increase Disclosure have also been included for your review and approval. Replacement Notice 7046RPMT, will be used. This form was previously approved by your Department on 9/13/05.

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Format. While the attached forms are submitted on 8 ½ by 11 pages, we reserve the right to also print the same text in other formats or type faces and sizes (not less than your state's required minimum) such as in booklet format (5½ by 8 ½ pages), multiple columns or on electronic media (e.g. CD-ROM, Internet), if requested by the group policyholder.

Marketing Method. This product will be marketed through employee meetings, agent/producer assisted sales, the Internet or the direct response method. Each applicant will receive an Outline of Coverage at time of application.

Partnership. In addition, we are submitting a completed Long Term Care Partnership Certification Form in order that, upon approval, this policy may be marketed as a qualified Partnership Policy under the Arkansas Long Term Care Partnership Program. We request consideration for Partnership, the policy's following inflation protection options:

3%, 4%, or 5% Compound Benefit Increases (all ages);
 5% Equal or 3% Compound Benefit Increases (ages 61 and above);
 Benefit Increases Adjusting at Age 66 (all ages);
 No Automatic Increases (age 76 and above)

An Actuarial Memorandum and rates are also included for your review, together with any required certifications and filing fees.

Company and Contact

Filing Contact Information

Jeanette Mai, Contract Analyst	jeanette.mai@genworth.com
6630 W Broad Street	(804) 922-5639 [Phone]
Richmond, VA 23230-1700	(804) 281-6285[FAX]

Filing Company Information

Genworth Life Insurance Company	CoCode: 70025	State of Domicile: Delaware
6610 W Broad Street	Group Code: 350	Company Type: LifeHealth &
		Annuity
Richmond, VA 23230	Group Name:	State ID Number:

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(804) 281-6600 ext. [Phone]

FEIN Number: 91-6027719

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50 X forms +\$50 X Rates=\$100
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$100.00	08/15/2008	21960375

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Harris Shearer	09/11/2008	09/11/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Marie Bennett	09/10/2008	09/10/2008	Jeanette Mai	09/10/2008	09/10/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Respite Care Form		Jeanette Mai	08/29/2008	08/29/2008
Cover Letter	Supporting Document	Jeanette Mai	08/29/2008	08/29/2008

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Disposition

Disposition Date: 09/11/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Filed	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		Yes
Supporting Document (revised)	Cover Letter		Yes
Supporting Document	Cover Letter		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Partnership Certification	Accepted for Informational Purposes	Yes
Form	Master Policy		Yes
Form	Certificate Face Page		Yes
Form	Certificate Table of Contents		Yes
Form	Certificate Schedule		Yes
Form	Period of Coverage		Yes
Form	General Definitions		Yes
Form	Benefit Provisions		Yes
Form	Privileged Care Coordination		Yes
Form	Home and Community Care		Yes
Form	Home and Community Care		Yes
Form	Home Assistance		Yes
Form	Informal Care		Yes
Form	Informal Care		Yes
Form	Hospice Care		Yes
Form (revised)	Respite Care		Yes
Form	Respite Care		Yes
Form	Transition Benefit		Yes
Form	ALF Benefit		Yes
Form	ALF Benefit		Yes
Form	Nursing Facility		Yes
Form	Bed Reservation		Yes
Form	Bed Reservation		Yes

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Form	International Coverage	Yes
Form	Alternate Care Benefit	Yes
Form	Waiver Premium	Yes
Form	10 Year Survivorship Benefit	Yes
Form	Restoration Benefit	Yes
Form	Graded Return of Premium	Yes
Form	10 Year Return of Premium	Yes
Form	Contingent Nonforfeiture	Yes
Form	Exclusions and Limitations	Yes
Form	Premiums and Renewal	Yes
Form	Claims Provisions	Yes
Form	Graded Return of Premium Rider	Yes
Form	General Provisions	Yes
Form	Nonforfeiture Benefit Rider	Yes
Form	10 Year Return of Premium Rider	Yes
Form	Shared Coverage Rider	Yes
Form	Shared Coverage Rider	Yes
Form	Shared Coverage Rider	Yes
Form	10 Year Survivorship Rider	Yes
Form	10 Year Survivorship Rider	Yes
Form	7 Year Survivorship Rider	Yes
Form	Restoration Rider	Yes
Form	To Age 65 Premium Payment Rider	Yes
Form	10 Year Premium Payment Rider	Yes
Form	Group Master Application	Yes
Form (revised)	Application (Comprehensive Modified Guaranteed Issue)	Yes
Form	Application (Comprehensive Modified Guaranteed Issue)	Yes
Form (revised)	Application (Long Form)	Yes
Form	Application (Long Form)	Yes
Form	Outline of Coverage	Yes

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Form	Personal Worksheet	Yes
Form	Potential Rate Increase Disclosure Notice	Yes
Form	Contact Notice	Yes
Rate	Premium Rates	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/10/2008
Submitted Date 09/10/2008
Respond By Date 10/10/2008

Dear Jeanette Mai,

This will acknowledge receipt of the captioned filing. The filing has been reviewed and we note the following:

Objection 1

- Application (Comprehensive Modified Guaranteed Issue) (Form)

Comment: The form does not have the Fraud statement as required by ACA 23-66-503.

Objection 2

- Transition Benefit (Form)

Comment: Please furnish an explanation for the last paragraph of this form i.e. "and cannot be used to satisfy and Deductible or Elimination Period requirement."

Please feel free to contact me if you have questions. I can be reached at (501) 371-2765 today until 4:30 and tomorrow, Thursday, between 8:30 and 4:30 Central time. The filing will be held for 30 days pending your response.

Sincerely,

Marie Bennett

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/10/2008
Submitted Date 09/10/2008

Dear Harris Shearer,

Comments:

Response 1

Comments: Attached are revised application forms 44752FN and 43160FN which include the Fraud Warning statement. We apologize for this oversight.

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Related Objection 1

Applies To:

- Application (Comprehensive Modified Guaranteed Issue) (Form)

Comment:

The form does not have the Fraud statement as required by ACA 23-66-503.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Application (Comprehensive Modified Guaranteed Issue)	44752FN		Application/Enrollment Form	Initial		45	44752FN.pdf
Previous Version							
Application (Comprehensive Modified Guaranteed Issue)	44752		Application/Enrollment Form	Initial		45	44752.pdf
Application (Long Form)	43160FN		Application/Enrollment Form	Initial		50	43160FN.pdf
Previous Version							
Application (Long Form)	43160		Application/Enrollment Form	Initial		50	43160.pdf

No Rate/Rule Schedule items changed.

Response 2

Comments: The transition benefit is intended to be used only with plans that have an elimination period and not with plans with a deductible. The intent of the benefit is to help defray expenses incurred while the elimination period is being satisfied.

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It provides a lump sum amount, not related to any specific type of care received for any particular day. Therefore, the benefit is not allocated to any day but is independent of and above and beyond care and services that would be used to satisfy the elimination period. The phrase in question is the same phrase we use in other benefits where they are independent of the elimination or deductible period.

Related Objection 1

Applies To:

- Transition Benefit (Form)

Comment:

Please furnish an explanation for the last paragraph of this form i.e. "and cannot be used to satisfy and Deductible or Elimination Period requirement."

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Jeanette Mai, June Lipscomb, Richard Cromwell

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Amendment Letter

Amendment Date:
 Submitted Date: 08/29/2008

Comments:

We are replacing form, 7050CERT-RES. We noticed that the form # incorrectly showed 7046CERT-RES rather than 7050CERT-RES. Also, in our cover letter where we reference the previously approved applications that we intend to use, we would like to include previously approved application, 37614-Short Form (spouses).

We apologize for these oversights.

Thank You.

Jeanette Mai
 Sr. Contracts Analyst

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
7050CERT-RES	Certificate Amendment, Insert Page, Endorsement or Rider	Respite Care	Initial				52	7050CERT-RES.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Cover Letter

Comment:
 AR Cover Letter-revised.pdf

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Form Schedule

Lead Form Number: 7050POL

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	7050POL	Policy/Cont	Master Policy	Initial		48	7050POL.pdf
		tract/Fratern					
		al					
		Certificate					
	7050CRT	Certificate	Certificate Face	Initial		52	7050CRT.pdf
			Page				
	7050CRT-TOC	Certificate	Certificate Table of	Initial		52	7050CRT-TOC.pdf
		Amendmen	Contents				
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
	7050CRT-SCH	Schedule	Certificate Schedule	Initial		52	7050CRT-SCH.pdf
		Pages					
	7050CRT-POC	Certificate	Period of Coverage	Initial		52	7050CRT-POC.pdf
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
	7050CRT-DEF	Certificate	General Definitions	Initial		52	7050CRT-DEF.pdf
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
	7050CRT-EL	Certificate	Benefit Provisions	Initial		52	7050CRT-EL.pdf
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

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7050CRT-PCC	Certificate Priviledged Care Amendmen Coordination t, Insert Page, Endorseme nt or Rider	Initial	52	7050CRT-PCC.pdf
7050CRT-HCF	Certificate Home and Amendmen Community Care t, Insert Page, Endorseme nt or Rider	Initial	52	7050CRT-HCF.pdf
7050CRT-HCFI	Certificate Home and Amendmen Community Care t, Insert Page, Endorseme nt or Rider	Initial	52	7050CRT-HCFI.pdf
7050CRT-HA	Certificate Home Assistance Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52	7050CRT-HA.pdf
7050CRT-INFWD	Certificate Informal Care Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52	7050CRT-INFWD.pdf
7050CRT-INF	Certificate Informal Care Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52	7050CRT-INF.pdf
7050CRT-HOS	Certificate Hospice Care Amendmen	Initial	52	7050CRT-HOS.pdf

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	t, Insert Page, Endorseme nt or Rider				
7050CRT- RES	Certificate Respite Care Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52	7050CRT- RES.pdf	
7050CRT- TRN	Certificate Transition Benefit Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52	7050CRT- TRN.pdf	
7050CRT- ALFV	Certificate ALF Benefit Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52	7050CRT- ALFV.pdf	
7050CRT- ALF	Certificate ALF Benefit Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52	7050CRT- ALF.pdf	
7050CRT- NF	Certificate Nursing Facility Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52	7050CRT- NF.pdf	
7050CRT- BR	Certificate Bed Reservation Amendmen t, Insert Page,	Initial	52	7050CRT- BR.pdf	

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Endorsement or Rider					
7050CRT-BRNF	Certificate Amendment, Insert Page, Endorsement or Rider	Bed Reservation	Initial	52	7050CRT-BRNF.pdf
7050CRT-IC	Certificate Amendment, Insert Page, Endorsement or Rider	International Coverage	Initial	52	7050CRT-IC.pdf
7050CRT-ALT	Certificate Amendment, Insert Page, Endorsement or Rider	Alternate Care Benefit	Initial	52	7050CRT-ALT.pdf
7050CRT-WP	Certificate Amendment, Insert Page, Endorsement or Rider	Waiver Premium	Initial	52	7050CRT-WP.pdf
7050CRT-SURV10X	Certificate Amendment, Insert Page, Endorsement or Rider	10 Year Survivorship Benefit	Initial	52	7050CRT-SURV10X.pdf
7050CRT-RB	Certificate Amendment, Insert Page, Endorsement or Rider	Restoration Benefit	Initial	52	7050CRT-RB.pdf

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7050CRT-GRP	Certificate Graded Return of Amendmen Premium t, Insert Page, Endorseme nt or Rider	Initial	52	7050CRT-GRP.pdf
7050CRT-RP10	Certificate 10 Year Return of Amendmen Premium t, Insert Page, Endorseme nt or Rider	Initial	52	7050CRT-RP10.pdf
7050CRT-CNF	Certificate Contingent Amendmen Nonforfeiture t, Insert Page, Endorseme nt or Rider	Initial	52	7050CRT-CNF.pdf
7050CRT-EX	Certificate Exclusions and Amendmen Limitations t, Insert Page, Endorseme nt or Rider	Initial	52	7050CRT-EX.pdf
7050CRT-PREM	Certificate Premiums and Amendmen Renewal t, Insert Page, Endorseme nt or Rider	Initial	52	7050CRT-PREM.pdf
7050CRT-CP	Certificate Claims Provisions Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52	7050CRT-CP.pdf
7050RDR-GRP	Certificate Graded Return of Amendmen Premium Rider	Initial	56	7050RDR-GRP.pdf

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	t, Insert Page, Endorseme nt or Rider				
7050CRT- GEN	Certificate General Provisions Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52	7050CRT- GEN.pdf	
7050RDR- NFO	Certificate Nonforfeiture Benefit Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial	60	7050RDR- NFO.pdf	
7050RDR- RP10	Certificate 10 Year Return of Amendmen Premium Rider t, Insert Page, Endorseme nt or Rider	Initial	59	7050RDR- RP10.pdf	
7050RDR- SCNW	Certificate Shared Coverage Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial	63	7050RDR- SCNW.pdf	
7050RDR- SCW	Certificate Shared Coverage Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial	62	7050RDR- SCW.pdf	
7050RDR- JC	Certificate Shared Coverage Amendmen Rider t, Insert Page,	Initial	59	7050RDR- JC.pdf	

SERFF Tracking Number: GEFA-125754849 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 39947
Company Tracking Number:
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Group LTC 2008
Project Name/Number: Group LTC 2008/7050 POL

Endorsement or Rider			
7050RDR-SURV10	Certificate 10 Year Survivorship Initial Amendmen Rider t, Insert Page, Endorsement or Rider	61	7050RDR-SURV10.pdf
7050RDR-SURV10X	Certificate 10 Year Survivorship Initial Amendmen Rider t, Insert Page, Endorsement or Rider	57	7050RDR-SURV10X.pdf
7050RDR-SURV7	Certificate 7 Year Survivorship Initial Amendmen Rider t, Insert Page, Endorsement or Rider	61	7050RDR-SURV7.pdf
7050RDR-RB	Certificate Restoration Rider Initial Amendmen t, Insert Page, Endorsement or Rider	55	7050RDR-RB.pdf
7050RDR-LP65	Certificate To Age 65 Premium Initial Amendmen Payment Rider t, Insert Page, Endorsement or Rider	49	7050RDR-LP65.pdf
7050RDR-LP10	Certificate 10 Year Premium Initial Amendmen Payment Rider t, Insert Page, Endorsement or Rider	51	7050RDR-LP10.pdf

SERFF Tracking Number:	GEFA-125754849	State:	Arkansas
Filing Company:	Genworth Life Insurance Company	State Tracking Number:	39947
Company Tracking Number:			
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group LTC 2008		
Project Name/Number:	Group LTC 2008/7050 POL		

7050MA	Application/ Group Master Enrollment Application Form	Initial	48	7050MA.pdf
44752FN	Application/ Application Enrollment (Comprehensive Form Modified Guaranteed Issue)	Initial	45	44752FN.pdf
43160FN	Application/ Application (Long Enrollment Form)	Initial	50	43160FN.pdf
7050-OL	Outline of Coverage	Initial	47	7050-OL.pdf
45875W	Other Personal Worksheet	Initial	0	45875W.pdf
45912	Other Potential Rate Increase Disclosure Notice	Initial	0	45912.pdf
7050CERT-Other N AR	Contact Notice	Initial		7050CERT-N AR - Arkansas Contact Notice.pdf

GENWORTH LIFE INSURANCE COMPANY

A Stock Insurance Company (herein called We, Us and Our)

Home Office: Wilmington, Delaware

[Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501 Phone: 888-325-5433]

GROUP LONG TERM CARE INSURANCE POLICY

Policyholder: [XYZ Employer]
Policy Number: [XXXXXXX]
Group Policy Effective Date: [January 1, 2009]
Policy Issued In: [State/Similar Jurisdiction]
Policy Anniversary Dates: [January 1 of 2010] and each succeeding year
Premium Due Dates: [The Group Policy Effective Date and the first day of each succeeding month]
[Rate Guarantee Period: [xx] years from the Group Policy Effective Date]

We agree with the Policyholder to provide the coverage set forth herein. This agreement is in consideration of the Policyholder's application and payment of the premiums due. It is subject to all the conditions and provisions of this contract.

We have caused the Group Policy to be executed on the Group Policy Effective Date. For purposes of effective dates and ending dates under the Group Policy, all days begin at 12:01 AM and end at 12:00 midnight Eastern Time in the United States.

Signed for Genworth Life Insurance Company.


Secretary


President and CEO, Long Term Care Division

NOTICES: PLEASE READ CAREFULLY!

The Group Policy may not cover all of the costs associated with long term care incurred during the period of coverage. The buyer is advised to review carefully all policy limitations.

The Group Policy is not a Medicare Supplement Policy. If a person is eligible for Medicare, the Guide to Health Insurance for People with Medicare is available from Us for review.

TAX DISCLOSURE: The Group Policy is intended to be a federally tax-qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, (as amended by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191).

NOTE: The Insurance Department, or similar regulating body, of the jurisdiction in which this Group Policy is issued does not in any way warrant that this Group Policy meets the requirements of Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

The Group Policy is non-participating.

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<u>Section Title</u>	<u>Page</u>
General Provisions.....	3
Premium Provisions	5
Discontinue of Sponsorship Provisions.....	6
Schedule of Exhibits	7

GENERAL PROVISIONS

Contract

The Group Policy constitutes the entire contract between the Policyholder and Us. The terms of the Group Policy govern while it is in force. If the Policyholder discontinues sponsorship of the Group Policy or a class of eligible persons, each person's coverage that would otherwise terminate will continue in accordance with the terms of his/her Certificate.

The Group Policy consists of:

- The Face page;
- The Table of Contents page;
- The General Provisions,
- The Premium Provisions;
- The Discontinuance of Sponsorship Provisions
- The Group Master Application and any supplements thereto;
- Any Group Policy Riders;
- The Schedule of Exhibits, which includes the Group Policy Eligibility Schedule(s), Benefits Master Schedule(s), Premium Rate Schedule(s) and all applicable Certificate form(s) and Riders.

Governing Jurisdiction

The Group Policy is governed by the laws of the jurisdiction in which it was issued.

Incontestability

We will not contest the validity of the Group Policy after it has been in force two (2) years, except for nonpayment of premium.

Benefits will not be recovered by Us if the Group Policy is rescinded.

Certificates

We will furnish an individual Certificate for delivery to each Insured. The Certificate will include a description of the benefits and coverage provided by the Group Policy and a statement of the exclusions, reductions and limitations of the Group Policy.

A "Certificate" consists of: the Certificate form (including Schedule); the Insured's Application; and any rider or other attachments issued to support or amend the Certificate.

Non-Participating; Dividends Not Payable

The Group Policy and coverage under it does not participate in Our profits or surplus earnings; has no cash values; and will not pay dividends at any time.

Policyholder Coverage Under The Group Policy

The Group Policy is issued to the Policyholder, whose acceptance is evidenced by the signed Group Master Application and payment of required premiums. No insurance under the Group Policy take effect unless it is approved by Us in writing, and the Group Policy is in force on the date the insurance is to take effect.

Information To Be Furnished

The Policyholder and each Insured will furnish Us with all information, which We reasonably require regarding matters related to the insurance provided and any reporting requirements imposed under applicable law. This includes information that will enable Us to determine a person's eligibility for coverage and premiums due.

The Policyholder will allow Us to inspect all documents, books and records, which relate to premiums and the insurance provided.

On or prior to January 31 of each year We will furnish copies of information We are required to report to the Internal Revenue Service. The information:

- Will be given to each Insured on whose account Benefits have been paid during the preceding year; and
- Will show the aggregate amount of long term care benefits paid to such Insured.

Group Policy Changes

The Group Policy may be changed at any time by written agreement between the Policyholder and Us without the consent of any other person. All agreements made by Us shall be signed by one of Our officers. No other person may change or waive any of the Group Policy or coverage terms or make any agreement binding Us. The Policyholder's written approval of a change in the Group Policy is not needed if:

- The Policyholder has made written request for the change and We have agreed to it.
- The change is needed so that the Group Policy will conform to any law, regulation or ruling of:
 - A jurisdiction that affects a person covered under the Group Policy; or
 - The federal government.
- The change is needed to reflect a premium rate change.

Except with respect to premium rate changes, no such change shall affect coverage in force prior to the date of change.

Persons Eligible for Coverage

A person who is a member of an Eligible Class defined in the Group Policy Eligibility Schedule can apply for the coverage available for such Eligible Class under the Group Policy. The person must apply for coverage while a member of his or her Eligible Class We must be provided with proof of insurability, in a form and manner We specify, that is satisfactory to Us. Upon Our approval while the Policy is in force, coverage will become effective as stated in the issued Certificate.

If the information provided to Us erroneously identifies a person as being eligible, We have the right to deny benefits or rescind Coverage.

Coverage Limitation

We reserve the right to limit the initial coverage amounts for an Insured based on Our maximum issue limits in effect at the time the Certificate of Insurance is issued.

PREMIUM PROVISIONS

Premium Rates

The initial premium rates appear in the Premium Rate Schedule. They can be changed as shown in these Provisions. Premiums for each Insured will be based on his or her age [on his or her Coverage Effective Date.]

[Premium Rate Guarantee

Premium rates are guaranteed only for the Rate Guarantee Period, if any, shown on page one. This guarantee does not apply to a rate change due to a change in the terms of coverage, in benefits, in eligible classes, or a change in the terms of the Group Policy required by any law, regulation, judicial or administrative order or decision.]

Payment Of Premiums And Grace Period

The total premiums due on any Premium Due Date will be the sum of the individual premiums due for the coverage provided for all Insureds. Premiums must be paid in advance. The Policyholder is responsible for submitting all premiums due except those for Insureds who are direct billed, who must pay their premiums directly to Us or Our insurance administrator. When the Policyholder is responsible for paying premiums, premiums must be paid within [31/45/60] days of the Premium Due Date. If premiums are not paid within that period, the Grace Period provisions as stated in the Certificate will apply.

Premiums will be determined in accordance with the Premium Rate Schedule.

Right To Change Premium Rates

We reserve the right to change premium rates on or after any of the following dates:

- [The date the Rate Guarantee Period, if any, expires;]
- The date there is a change in benefits or eligibility for benefits under the Group Policy;
- The date there is a change in: benefits; the terms of coverage; eligible classes; or a change in the terms of the Group Policy required by any law, regulation, judicial or administrative order or decision;
- The date there is a change in rating practices required by any applicable law, regulation, judicial or administrative order or decision; and
- The date We determine an increase is applicable when the change is required because of actual or expected experience, a change in the factors bearing on the risk assumed, or Our estimates for future cost factors. A change in premium rates due to experience may occur only once during any 12 month period.

Any such change in rates will be made on a group or class basis. Written notice of such change in rates will be given to the Policyholder by Us, [60/90/120/180] days before the effective date of the proposed change.

No Insured's premiums will change solely due to a change in his or her age or use of the long term care coverage.

DISCONTINUANCE OF SPONSORSHIP PROVISIONS

Discontinuance Of The Offer Of Coverage Under The Group Policy By The Policyholder

The Policyholder may discontinue the offer of coverage under the Group Policy for any or all eligible classes. We must be given 31 days advance written notice. The notice must state when discontinuance shall occur.

Discontinuance Of The Offer Of Coverage Under The Group Policy By Us

Following at least [31/60/90/180] days advance written notice to the Policyholder, We have the right to discontinue the offer of coverage under the Group Policy:

- When the Group Policy is replaced;
- To unenrolled Eligible Persons if the number of insured Eligible Persons is less than [2 - 20];
- To any unenrolled Eligible Family Member if the number of Eligible Persons insured is less than [2 - 20];
- To unenrolled Eligible Persons any time after the most recent Rate Guarantee Period, if any, has expired].

Discontinuance of Sponsorship Of The Group Policy By The Policyholder

The Policyholder will be considered to have discontinued sponsorship of the Group Policy on the earliest of:

- The Premium Due Date, if all premiums are not paid by the end of the Grace Period;
- The date chosen by the Policyholder, subject to the [31/60/90/120]-day advance written notice; or
- The effective date of a premium increase when the Policyholder's has not accepted the increase in writing.

Continuation Coverage

Discontinuance of the Offer of Coverage or Sponsorship of the Group Policy shall not affect an Insured's right to continue coverage then in force. An Insured's Coverage is Guaranteed Renewable and may be continued in accordance with the Continuation Coverage provision in the Insured's Certificate.

SCHEDULE OF EXHIBITS

Identification

Group Policy Eligibility Schedule

Benefits Master Schedule

Premium Rate Schedule

[Insert Cert Form #]

[Insert Variable Riders]

Applicable To

Eligible Class [I, II, III]

Eligible Class [I, II, III]

Eligible Class [I, II, III]

Eligible Persons [and Eligible Family Members]

GROUP POLICY ELIGIBILITY SCHEDULE

Group Policyholder: [XYZ Employer]

Group Policy Number: [LTCG-XXXX]

Schedule Effective Date: Month Day Year

ELIGIBILITY FOR COVERAGE

A person who is a member of an Eligible Class defined below can apply for the coverage available for such Eligible Class.

[All Eligible Persons and their Eligible Family Members as defined below who:

- Are at least 18 years of age (or the age of majority if greater where the person resides);
- Are, at the time of application, less than [80] years of age [(this age limit does not apply to persons whose eligibility is based on being an employee)];
- Have a valid Social Security or individual Tax Identification Number from the United States government; and
- At the time of application maintain a permanent residence in the United States of America, or one of its territories or possessions.

If We determine that residents of a jurisdiction are prohibited by law from being insured under the Group Policy, such persons will not be included in the classes of persons eligible for coverage.

[Minimum Participation Requirements: The Group Policy will not take effect unless [at least the lesser of [3-10] or [5 - 20%] of eligible employees] are enrolled on the effective date.]

[Coverage Limits: Each Insured is subject to the Company's maximum issue limits in effect on his or her Coverage Effective Date.]

Eligible Class I: All persons associated with the Policyholder in the manner described below. Coverage is on a [contributory] basis.

- **[Employees:** All hourly or salaried employees of the Policyholder, other than members of Class II, who are Actively at Work on a full-time or part-time basis. Full-time means working for the Policyholder at least [40] hours per week; part-time means working for the Policyholder at least [17.5] hours per week.]
- **[Retirees:** Former employees of the Policyholder who have retired under the Policyholder's retirement or pension plan, and who satisfy the age and service requirements determined by the Policyholder.]
- **[Members:** All members in good standing with the Policyholder.]

Eligible Class II: All persons associated with the Policyholder in the manner described below. Coverage is on a [non-contributory] basis.

- **Employees:** All employees of the Policyholder who are [in Job Category 8 or higher, and who are] Actively at Work.

Eligible Class III: All persons associated with the Policyholder in the manner described below. Coverage is on a [non-contributory] basis.

[Eligible Family Members

The members of an Eligible Person's family listed and described below.]

- **[Spouse** of the Eligible Person.]
- **[Partner** when the Eligible Person has no Spouse. If required, the Eligible Person must complete and return to Us a declaration in a form and manner required by the Policyholder, and acceptable to Us.]
- **[Surviving Spouse or Partner** who is participating in a health benefits program or a retirement plan sponsored by the Policyholder and was a Spouse or Partner at the time of the Eligible Person's death.]
- **[Adult Child** (including a natural, step or adopted child) who has reached full legal age, with attendant rights and responsibilities.]
- **[Sibling** who is related to the Eligible Person or Spouse or Partner, as a brother, sister, , step-brother or step-sister.]
- **[Parent** of an Eligible Person or Spouse or Partner, including a natural parent, adoptive parent or step parent.]
- **[Grandparent** of an Eligible Person or Spouse or Partner, including a natural grandparent, adoptive grandparent or step grandparent.]

BENEFITS MASTER SCHEDULE

[Group Policyholder: [XYZ Employer]

Applicable To Class(es) I, II & III

Schedule Effective Date: January 1, 2009

COVERAGE FEATURES AND LIMITS

Benefits are payable for the Covered Percentage of the Covered Expenses that are incurred after the Deductible or Elimination Period, as applicable, has been satisfied. Payment is subject to the limits determined below and all other provisions of Coverage.

Deductible
Not Applicable

Elimination Period
90 calendar days

Covered Percentage
100%

The Elimination Period is satisfied by days You are Chronically Ill beginning on the first day You incur a Covered Expense. However, there is no elimination Period for the Home and community Care Benefit; and, days of Covered Care under that Benefit will satisfy the Elimination Period when the care is received in accordance with a Plan of Care developed by a Privileged Care Coordination Team.

Plan	Plan A	Plan B	Plan C
Nursing Facility Maximum	\$1,500, \$3,000, \$4,500, \$6,000 per calendar month		
Benefit Factor	36	48	60
Home and Community Care Maximum Percentage	50%	75%	100%
Coverage Maximum*	Nursing Facility Maximum multiplied by the Benefit Factor		
Available Benefit Increases	5% Full Compound, 3% Full Compound, 5% Future Purchase Options (Offered every 3 rd policy anniversary)		

*The Coverage Maximum and amounts based on the Nursing Facility Maximum are: (a) increased when Benefit Increases apply; and (b) exhausted only when the total of all benefits paid equals the then applicable maximum amount.

Benefits and Services Provided

We Pay the Covered Percentage of Covered Expenses Up to these Limits

Privileged Care Coordination Services:Not subject to coverage limits
 Home and Community Care Benefit:50%, 75%, 100% of the Nursing Facility Maximum per (Covers Formal and Informal Care Providers) calendar month, based on the Plan selected
 Home Assistance Benefit:.....Up to an overall total maximum equal to 3 times (covers equipment, modifications & training) the Nursing Facility Maximum
 Hospice Care Benefit:Included
 Respite Care Benefit:.....Up to 30 days per calendar year
 Assisted Living Facility Benefit:.....Nursing Facility Maximum per calendar month (Includes room charges)
 Nursing Facility Benefit:Nursing Facility Maximum per calendar month
 Bed Reservation Benefit:60 days per calendar year
 International Coverage Benefit:Included
 Alternate Care Benefit:Payment subject to mutual agreement
 Waiver of Premium Benefit:Included

The Waiver of Premium applies only when benefits are payable under the: Nursing Facility Benefit; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit.

Contingent Nonforfeiture Benefit:Included

The maximum total amount payable for all Covered Expenses incurred in a calendar month is limited to the Nursing Facility Maximum. This does not apply to the Home Assistance and Alternate Care Benefits.

Available OptionsNonforfeiture Benefit
Restoration Benefit Rider
10 Year Survivorship Rider
Shared Coverage with Joint Premium Waiver
Lifetime or 10 Year Premium Payment **]**

GENWORTH LIFE INSURANCE COMPANY

A Stock Insurance Company (herein called We, Us and Our)

[Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501 Phone: 888-325-5433]

LONG TERM CARE INSURANCE CERTIFICATE

Policyholder

[XYZ Employer/Trustee of the XXX Employer Trust]

[Participating Employer: XYZ Employer]

Insured

[John Q. Doe]

We have issued a Group Policy to the Policyholder shown above. The provisions of the Group Policy that are important to You (the Insured named above) are set forth in this Certificate. These provisions are effective only while Your Coverage is in force. This Certificate consists of this form (including the Schedule), Your Application and any attached papers and riders that have been made a part of this Certificate.

CAUTION: The issuance of this Certificate is based upon Your answers to the questions on Your Application. A copy of Your Application is enclosed. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind Your Coverage. The best time to clear up any questions is now, before a claim arises. If, for any reason, any of Your answers are incorrect, contact Us at the address and telephone number shown above.

NOTICE TO BUYER: The Group Policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all coverage limitations.

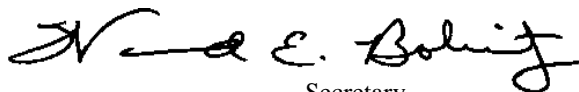
THE GROUP POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from Us.

GUARANTEED RENEWABLE. Your Coverage is guaranteed renewable. This means that You have the right to continue Your Coverage in force by paying the required premium when due. Premiums may increase as stated in the Premiums and Renewal section herein.

FREE LOOK – [30/45/60/90] DAY RIGHT TO EXAMINE YOUR CERTIFICATE: You may return this Certificate to the address shown above within [30/45/60/90] days after You received it if You are not satisfied with it for any reason. Upon surrender of this Certificate within the [30/45/60/90]-day period, Your Coverage under the Group Policy will be void from the beginning and We will refund any premium paid within 30 days of such surrender.

The Group Policy is intended to be a federally tax qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 – Public Law 104-191).

Signed for Genworth Life Insurance Company.

[]

Secretary

]

President and CEO, Long Term Care Division

[Payment of Benefits is subject to Pre-Existing Conditions Limitations.]

TABLE OF CONTENTS

These are the major sections of this Certificate in the order in which they appear.

Section	Contents of Section	Page
Declarations	This is the first page of Your Certificate and includes notices and other important information.	[1]
Table of Contents.....	This lists the major sections in this Certificate.	[XX]
Schedule	This shows the features and limits of Your Coverage at the time of issue. It includes benefits and premium information. Your Schedule may be changed by later rider.	[XX]
Period of Coverage	This describes how coverage takes effect and is continued in force.	[XX]
General Definitions	This provides the definitions of words used in this Certificate that have special meaning when applied to Your Coverage. Additional terms are defined in the provisions in which they are most commonly used.	[XX]
Benefit Provisions	This describes how You become eligible for benefits, the conditions under which benefits will be paid; how to determine how much and how long they will be payable. This may be supplemented by attached riders or endorsements.	[XX]
Exclusions and Limitations.....	This states the conditions under which benefit payments will be limited, or not made at all, even if You otherwise qualify for benefits.	[XX]
Premiums and Renewal.....	This states: how and when to pay premiums; the importance of paying premiums on time; what happens if they are not paid on time; and how We may increase premiums.	[XX]
Claims Provisions	This tells You: when to notify Us of a claim; how to start a claim; what to send Us, how We pay claims and other related rights and responsibilities.	[XX]
General Provisions.....	This tells You: the documents which state all of the contractual agreements; the importance of completing Your application truthfully; and other rights, obligations and features.	[XX]
Attachments	A copy of any applications made for Your coverage. Any applicable riders, endorsements and notices.	

SCHEDULE

Policyholder [XYZ Employer] [Trustee of the XXX Employer Trust]	Group Policy Number [GLTC-2009-1]	Policy Effective Date [09/01/2009]
Insured [John Q. Doe] [Apt #1234] [1234 Main Street] [Anytown, USA 99999]	Certificate Number [XXXXXXX]	Coverage Effective Date [10/01/2008]
	[Participating Employer] [XYZ Employer]	Age [50]

COVERAGE FEATURES AND LIMITS

Benefits are payable for [the Covered Percentage of the] Covered Expenses that are incurred after the Deductible or Elimination Period, as applicable, has been satisfied. Payment is subject to the limits determined below and all other provisions of Coverage.

Deductible [Not Applicable]	Elimination Period [90 calendar days]	[Covered Percentage] [100%]
---------------------------------------	---	---------------------------------------

[The Elimination Period is satisfied by days You incur a Covered Expense while You are Chronically Ill. However, there is no Elimination Period for the Home and Community Care Benefit; and, days of Covered Care under that Benefit will satisfy the Elimination Period when the care is received in accordance with a Plan of Care developed by a Privileged Care Coordination Team.]

Coverage Maximum [\$240,000]	Nursing Facility Maximum [\$4,000 per calendar month]	Benefit Increases [5% Full Compound] [See Next Page]
--	---	---

[The Coverage Maximum and amounts based on the Nursing Facility Maximum are:
(a) increased when Benefit Increases apply; and (b) exhausted only when the total of all benefits paid equals the then applicable maximum amount.]

Benefits and Services Provided	We Pay [the Covered Percentage of] Covered Expenses Up to these Limits
Privileged Care Coordination Services	Not subject to coverage limits
Home and Community Care Benefit	Nursing Facility Maximum per [calendar month] (Covers Formal and Informal Care Providers)
Home Assistance Benefit.....	A Certificate total payment maximum equal (Equipment, modifications & training) to 3 times the Nursing Facility Maximum
Hospice Care Benefit	Included
Respite Care Benefit.....	[30] days per calendar year
Assisted Living Facility Benefit.....	Nursing Facility Maximum per [day][calendar month] ([Includes][Excludes room charges])
Nursing Facility Benefit	Nursing Facility Maximum per [day][calendar month]
Bed Reservation Benefit	[60] days per calendar year
International Coverage Benefit	Included
Alternate Care Benefit.....	Payment subject to mutual agreement
Waiver of Premium Benefit	Included
The Waiver of Premium applies only when benefits are payable under the: Nursing Facility Benefit; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit.	
Contingent Nonforfeiture Benefit.....	Included

The maximum total amount payable for all Covered Expenses incurred in a [calendar month] is limited to the Nursing Facility Maximum. This does not apply to the Home Assistance Benefit and Alternate Care Benefit.

5% Full Compound Benefit Increases: On each anniversary of Your Coverage Effective Date We will increase by 5% compounded annually, Your: Nursing Facility Maximum; Coverage Maximum; and other maximums that are based on Your Nursing Facility Maximum. Calculation of the increased amounts is not affected by benefit payments. Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) Your Coverage terminates; or (c) Your Coverage is continued under a Nonforfeiture Benefit, if applicable.

PREMIUM DATA

	Annual Premium
Basic Certificate Coverage.....	\$XXX.XX
[Nonforfeiture Benefit Rider.....]	\$XX.XX]
[Shared Coverage with Joint Premium Waiver Rider.....]	\$XX.XX]
Spouse or Partner for Shared Coverage Mary Jane Doe]	
[Restoration Benefit Rider.....]	\$XX.XX]
[Graded Return of Premium On Death Benefit Rider.....]	\$XX.XX]
[10 Year Survivorship Rider.....]	\$XX.XX]
 Total Annual Premium Contribution	 \$XXX.XX]
[Insured's Annual Premium Contribution.....]	\$XXX.XX]
[Group Policyholder's Annual Premium Contribution (while applicable):	\$XX.XX]
[Insured's] Modal Premium Contribution [Monthly]	\$XX.XX]

[Premiums for payment modes other than annual are the following percentage of the Annual Premium: Semi-annual = 51%; Quarterly = 26%; Monthly = 9%]

[Your Premium Rate Guarantee: The rates that determine the premium for Your Coverage are guaranteed until [xx/xx/xxxx.][three/five/xx years from the earliest Coverage Effective Date. At the end of this period We reserve the right to increase Your premium as stated in the Premiums and Renewal section.]

Rating: [Standard][Preferred Health][Substandard] [/ List Bill] [/Commonly Marketed]
 [/ Producer] [with Couples Discount]

Premium Payment Period: [Lifetime]
 [10 Years – See attached 10 Year Premium Payment Rider]
 [To Age 65 – See attached To Age 65 Premium Payment Rider]

[This Schedule reflects changes as of the Print Date: 02/20/2009
 Attach it to Your Certificate along with prior Schedule pages]

PERIOD OF COVERAGE

Coverage Taking Effect

This Certificate is issued in consideration of Your Application and payment of the required premium. Except as provided below, Your Coverage will become effective on the Coverage Effective Date shown in Your Schedule, subject to payment of the required premium.

[Deferred Coverage Effective Date [(applicable only to employees)]:

If Your Coverage is based on Your being an employee, You must be Actively at Work with the employer forming the basis for Your eligibility on the Coverage Effective Date and for the prior [10/30/45] [workdays] [calendar day period]. If You cannot satisfy this requirement, Your Coverage Effective Date will be deferred until the first day of Your employer's regularly scheduled payroll billing period on which You are Actively at Work, and have been Actively at Work for the prior [10/30/45] [workdays] [calendar day period].}

[Actively at Work] means You are an employee who is performing the usual duties of Your job at the usual place of work as required by Your employer on a [full-time basis at least [30] hours each week]. You will be considered Actively at Work while on employer approved vacations, holidays and regularly scheduled days off, or during temporary business closures. You will not be considered to be Actively at Work if You are unable to perform Your usual duties due to a sickness, accident or injury or if You are on a leave of absence, a sabbatical or retired from the same employer.]

[If Your Coverage is not based on Your being an employee,]You must be in "Active Service" on the Coverage Effective Date and for the prior [10/30/45] [workdays][calendar day period]. If You do not meet this requirement, Your Coverage Effective Date will be deferred until the [first/fifteenth day of the month after] [first payroll period after] [date] You return to Active Service.]

[Active Service] means You are able to engage in substantially all of the usual activities of a person in good health of like age and sex, and are not: (1) confined in a hospital, nursing, assisted living, or custodial care facility; or (2) receiving home health care services.]

Your Right To Cancel Coverage At Any Time

You may cancel Your Coverage at any time by sending Us written notice. The effective date of Your cancellation will be the later of:

- The cancellation date requested by You; or
- The date We receive Your request.

We will promptly return the unearned portion of any premium paid to Us for Your Coverage. [This refund of unearned premiums paid by the Policyholder, if any, will be paid to the Policyholder.] This refund of unearned premiums paid by You, if any, will be paid to You. The cancellation will not prejudice any claim for Covered Expenses incurred before the effective date of the cancellation.

Continuation Coverage

If the Policyholder discontinues sponsorship of the Group Policy or You cease to be eligible for coverage, Your Coverage will be continued until it ends for a reason stated below.

You must pay Us all premiums required for the continuation of Your Coverage. The premium for the continuation of Your Coverage may change in the future as stated in the Premiums and Renewal section.

[Continuing Coverage Paid For By The Policyholder]

If the Policyholder stops paying premiums for all or a portion of Your Coverage for any reason, You have the right to continue that coverage by paying the premiums Yourself. In this event, We will send You a notice giving You the option to pay the difference in premium and maintain Your Coverage at its existing level.]

When Your Coverage Ends

Your Coverage ends on the first to occur of:

- The date of Your death;
- The date Coverage is cancelled pursuant to the provision entitled Your Right To Cancel Coverage At Any Time;
- The date You exhaust the Coverage Maximum;
- The date on which a premium is due, when the premium is not received by Us by the end of the Grace Period; or
- The date the Policyholder discontinues sponsorship of the Group Policy or coverage of a group of eligible persons to which You belong, but only if, within 31 days thereafter Your Coverage is replaced by other group coverage that:
 - Is effective on the day following the date Your Coverage ends; and
 - Provides benefits that are substantially equivalent to or greater than those provided under the replaced Group Policy; and
 - Provides immediate coverage to all persons insured under the Group Policy on the date their coverage under the replaced Group Policy is discontinued; and
 - Calculates premium based on Your age on Your Coverage Effective Date.

Except as provided in the Extension of Benefits provision below, Your Coverage will provide no benefits for any care received after Your Coverage ends.

Extension Of Benefits

If Your Coverage ends due to failure to pay premium while You are Confined in a Nursing Facility, an Assisted Living Facility, or a Hospice Care Facility, benefits will be paid in the same manner as if Your Coverage was in force. Extension of Benefits stops on the earliest of:

- The date when You no longer meet the requirements of the Conditions for Receiving Benefits provision;
- The date You are no longer Confined in a Nursing Facility, an Assisted Living Facility or a Hospice Care Facility; or
- The date You exhaust the Coverage Maximum.

GENERAL DEFINITIONS

This section provides the definitions of words used in this Certificate that have a special meaning when applied to Your Coverage. Additional definitions may also appear where they can assist You in understanding related text. For example, most Benefits have definitions for covered care, services and/or providers. To help You recognize defined terms, they are printed in **bold** where they are defined and the first letter of each word is capitalized wherever it appears.

Application means the written or electronic form(s) provided by Us and completed by You when You apply for coverage.

Confinement or **Confined** means You are present as a resident inpatient in a facility, other than Your Home, during a period in which You incur Covered Expenses.

Coverage Maximum means the maximum amount of benefits payable under Your Coverage as determined from the Schedule. The Coverage Maximum will change as described in the Schedule and when You elect changes.

Coverage Effective Date means the date Your Coverage begins. It is shown on the Schedule.

Coverage Month means the monthly period that begins and ends on the same day of the month as the Coverage Effective Date.

Covered Care means only those Qualified Long Term Care Services for which Your Coverage pays benefits or would pay benefits in the absence of a Deductible, Elimination Period or payment limits.

Covered Expenses means costs You incur for which a payment may be made under Your Coverage. Each Benefit defines the Covered Expenses under that Benefit. An expense is considered to be incurred on the day on which the care, service or other item forming the basis for it is received.

Deductible or Elimination Period

While Your Coverage is in force, payment of certain benefits is subject to satisfaction of EITHER:

- a Deductible; OR
- an Elimination Period;

as determined from the Schedule. Where applicable, each Benefit states how its payment is affected by the Deductible or Elimination Period requirement.

Deductible, when applicable, means the amount of Covered Expenses for which payment would otherwise be made under Your Coverage, but for which We will not pay benefits. When applicable, Your Schedule shows the initial amount of the Deductible; and how it is affected by any Benefit Increases. The Deductible reduces as You incur Covered Expenses which are used to satisfy it; and the Deductible will be fully satisfied and no longer apply once it has been reduced to zero. The Deductible may be satisfied by all Covered Expenses You incur (including those not payable because of Non-Duplication or coordination provisions); except expenses for Hospice Care, Respite Care and any other expenses for which payment is made without a Deductible requirement. The amount applied to Your Deductible is not subject to any dollar limits that would apply if benefits were being paid.

Elimination Period, when applicable, means the length of time, as shown in the Schedule before benefits are payable. The Schedule describes how the Elimination Period is satisfied and whether it is based on calendar days or days on which You receive Covered Care. The Elimination Period needs to be met only once during Your lifetime.

Elimination Period days may be accumulated before the filing of a claim if We can establish that You met these Elimination Period requirements before the filing of a claim.

We will count towards satisfying the Elimination Period, days on which You receive Covered Care that is excluded from payment because of Non-Duplication or coordination provisions.

Nursing Facility Maximum means the maximum amount We will pay when You are Confined in a Nursing Facility, as stated in the Schedule. This amount is also used to determine other benefit maximums.

Home means the place where You live or stay. This could be a: house; condominium; apartment; unit in a congregate care community; or similar residential environment. Your Home does not include a: hospital; Nursing Facility; Assisted Living Facility; or Hospice Care Facility.

Immediate Family means Your Spouse or Partner or anyone who is related to You or Your Spouse or Partner as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece. This includes adopted, in-law and step-relatives.

Licensed Health Care Practitioner means any of the following who is not a member of Your Immediate Family:

- A Physician (as defined in Sec. 1861(r)(1) of the Social Security Act);
- A registered professional nurse;
- A licensed social worker; or
- Any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury of the United States.

Medicaid means any state medical assistance program under Title XIX of the Social Security Act, as amended.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Nurse means someone who is licensed as a Registered Graduate Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN) and is practicing within the scope of that license.

Partner means someone with whom You live in a committed relationship. He or she can be unrelated to You, or a relative in Your same family generation (such as Your brother, sister or first cousin). You and Your Partner cannot be joined to anyone else by: (a) marriage; or (b) a relationship legally recognized under state law.

Physician has the same meaning as that set forth in Sec. 1861(r)(1) of the Social Security Act; and means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the state in which he or she performs such function or action.

Premium Due Date means the date on which premium payments are due to be paid to Us.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which:

- Are required by a Chronically Ill Individual; and
- Are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

As used above, "maintenance or personal care services" means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which You are Chronically Ill. This includes protection from threats to health and safety due to Severe Cognitive Impairment.

Note: To be eligible for benefit payments it is not sufficient for the care and services to only be Qualified Long Term Care Services. Such care and services must also:

- Be care or services for which Your Coverage pays benefits; and
- Satisfy all other requirements for benefit eligibility and payment.

Representative means a person or entity legally empowered to represent You.

Schedule means the section of this Certificate that states Your Coverage features and limits as of the original Coverage Effective Date. Your Schedule may be changed by rider to reflect Coverage changes made by You.

Spouse means the person to whom You are joined by: (a) marriage; or (b) a relationship legally recognized under state law.

We, Us, Our and the **Company** mean Genworth Life Insurance Company.

You, Your or **Yourself** means the person named as the Insured in the Schedule.

Your Coverage means the benefits You have under the Group Policy or Continuation Coverage.

BENEFIT PROVISIONS

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Eligibility for the Payment of Benefits

For You to be eligible for the Benefits provided by Your Coverage:

- You must be Chronically III;
- We must receive a Current Eligibility Certification for You; and
- We must receive ongoing proof which verifies that the Covered Care You receive is needed due to Your continually being Chronically III. The proof can be based on information from care providers, personal physicians, other Licensed Health Care Practitioners and other sources.

Conditions For Receiving Benefits

Benefits will be paid as reimbursement for Covered Expenses paid on Your behalf that meet all of the following conditions:

- You meet the above Eligibility for the Payment of Benefits requirements.
- Your Coverage provides benefits only for Covered Expenses, as described in this Certificate.
- The Covered Care and related Covered Expenses must be consistent with and received pursuant to Your Plan of Care as prescribed by a Licensed Health Care Practitioner.
- Except as stated in the Extension of Benefits provision, Your Coverage must be in force on the date(s) the Covered Care is received.
- We will pay for the Covered Percentage of Covered Expenses incurred after the applicable Deductible or Elimination Period has been satisfied.
- You must not have exhausted the Coverage Maximum or any daily, monthly, annual or lifetime limits on the specific benefits claimed.
- You must meet the requirements for payment in accordance with all the provisions of Your Certificate.
- The care, service, cost or item for which benefits are payable must meet the definition of Qualified Long Term Care Services.

Definitions

Activities Of Daily Living (ADLs) means the following self-care functions:

- **Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- **Continence:** The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- **Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- **Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
- **Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **Transferring:** Moving into or out of a bed, chair or wheelchair.

Chronically III or Chronically III Individual refers to a person who has been certified by a Licensed Health Care Practitioner as:

- Being unable to perform, without Substantial Assistance from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must be expected to exist for a period of at least 90 days; or
- Requiring Substantial Supervision to protect the person from threats to health and safety due to Severe Cognitive Impairment.

A **Current Eligibility Certification** is a Licensed Health Care Practitioner's written certification, made within the preceding 12-month period, that You meet the above requirements for being Chronically Ill.

Substantial Assistance is either:

- **Hands-on Assistance** which is the physical assistance (minimal, moderate or maximal) of another person without which You would be unable to perform the Activity of Daily Living; or
- **Standby Assistance** which is the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to Yourself while You are performing the Activity of Daily Living.

Severe Cognitive Impairment is a loss or deterioration in intellectual capacity that:

- Is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and
- Is measured by clinical evidence and standardized tests that reliably measure impairment in the person's: short-term or long term memory; orientation as to people, places, or time; deductive or abstract reasoning; and judgment as it relates to safety awareness.

Substantial Supervision is continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another nearby person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (such as may result from wandering).

A **Plan of Care** is a written, individualized plan for care and support services for You that:

- Has been developed as a result of an assessment and incorporates any information provided by Your personal Physician; and
- Has been prescribed by a Licensed Health Care Practitioner; and
- Fairly, accurately and appropriately addresses Your long term care and support service needs; and
- Specifies: the type, frequency and duration of all services required to meet those needs; and the kinds of providers appropriate to furnish those services.

We retain the right to discuss the Plan of Care with the Licensed Health Care Practitioner. We may also verify that the Plan of Care is appropriate and consistent with generally accepted standards of care for a Chronically Ill Individual. The Plan of Care must be updated as Your needs change. We must receive a copy of the Plan of Care upon its completion and each time it is updated. We retain the right to request periodic updates not more frequently than once every 30 days. We will make a copy of the current Plan of Care available to Your personal Physician, when requested. No more than one Plan of Care may be in effect at a time.

PRIVILEGED CARE® COORDINATION SERVICES

Privileged Care Coordination Services

These voluntary services are available when You have functional or cognitive deficiencies that would qualify You as being Chronically Ill to the extent that You may need Covered Care.

These services are intended to help You identify Your care needs and community resources available to deliver care when You are Chronically Ill. These services are furnished by a Privileged Care Coordination Team provided by Us at no cost to You. We will pay for these services when You receive them while Your Coverage is in effect. These payments will be at Our expense; and will NOT count against any payment limits.

To receive these services You or Your Representative should contact Us at Our Administrative Office.

About The Privileged Care Coordination Services

These services will provide You with access to a team of qualified individuals who will review Your specific situation and provide the following services:

- Conduct assessments of Your functional and cognitive capabilities and personal needs for care and services on an ongoing basis.
- Work with You to identify the specific care, services and providers required to meet Your needs.
- Develop and suggest initial and subsequent Plans of Care to assist You in meeting Your needs.
- Provide the initial and ongoing Current Eligibility Certifications.
- Assist You in completion of initial claims forms.
- Monitor Your care needs on an ongoing basis to help You receive appropriate care while You are Chronically Ill.

The **Privileged Care Coordination Team** includes a Licensed Health Care Practitioner (such as a Physician, Nurse, or licensed social worker) who is qualified by training and experience to assess and coordinate the overall care needs of a Chronically Ill Individual.

Privileged Care Coordination Services Are Voluntary

You are not required to use these Privileged Care Coordination Services. You may, at Your own expense, use a Licensed Health Care Practitioner who is not from a Privileged Care Coordination Team to provide a Plan of Care, Current Eligibility Certification, or assist in coordinating services.

Benefits Paid Will Not Reduce Any Payment Limits

Expenses paid for Privileged Care Coordination Services will not reduce the amount available under any daily, monthly, annual or lifetime benefit limits.

Payment Limitations

Payment for these services is NOT subject to: any Deductible or Elimination Period requirement; the Coverage Maximum; or any other payment limits. It cannot be used to satisfy any Deductible or Elimination Period requirement; and does not qualify You for any Waiver of Premium Benefit.

[HOME AND COMMUNITY CARE BENEFIT]

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Home and Community Care, as described below.

Covered Expenses

Covered Expenses for Home and Community Care means expenses You incur for the following services:

- Adult Day Care;
- Nurse and Therapist Services;
- Home Health or Personal Care Services; and
- Incidental Homemaker and Chore Care.

Definitions

Adult Day Care means a program for six (6) or more individuals of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the Home.

Nurse and Therapist Services means health care services provided in Your Home by a Nurse, or a licensed physical, occupational, respiratory, or speech therapist.

Home Health or Personal Care Services means assistance You receive in Your Home from a Home Health Agency or Independent Provider with: simple health care tasks; personal hygiene; managing medications and treatment regimens; performing Activities of Daily Living; and supervision needed when You have Severe Cognitive Impairment.

Incidental Homemaker and Chore Care means assistance provided in Your Home:

- By the same person providing Home Health or Personal Care Services; and
- During the same visit in which You receive Home Health or Personal Care Services.

This assistance consists of: meal planning and preparation; doing laundry; light house cleaning (such as: vacuuming, mopping, dishwashing, cleaning the kitchen or bath, and changing bedding); minor household repairs related to Your safety at Home (such as to handrails and safety rails, stairs, or floors); taking out the garbage; and simple cleaning tasks to remove unsafe debris or dirt from Your Home. This assistance does not include any type of: pet care; residential upkeep, construction, renovation or routine home preservation (such as painting); lawn or yard care; snow removal; transportation or vehicle or equipment maintenance; or similar tasks.

Home Health Agency means an entity that is regularly engaged in providing Home Health or Personal Care Services for compensation and employs staff who are qualified by education, training, or experience to provide such care and services. The entity must:

- Be supervised by a qualified professional such as a Nurse, a licensed social worker, or a Physician;
- Keep clinical records or care plans on all patients;
- Provide ongoing supervision and training to its staff appropriate to the services to be provided; and
- Have the appropriate state licensure or certification, where required.

An **Independent Provider** means a person who:

- is not affiliated with a Home Health Agency;
- provides Substantial Assistance in performing Activities of Daily Living or Substantial Supervision for someone who has Severe Cognitive Impairment; and
- except as stated below, is licensed or certified in the state where the care and services will be furnished.

We will require written proof of licensure or certification, and will accept inclusion in a state sponsored nurse aide registry, if the state in which You live maintains such a registry. If the state in which You live does not require licensure or certification for Independent Providers, We may approve benefits for an Independent Provider if We can determine, subject to Our sole discretion, that the person is qualified by education, training and experience to provide Home Health or Personal Care Services. The education must include training in safely assisting Chronically Ill Individuals.

Payment Limitations

Payment of this Benefit is subject to:

- the Deductible or Elimination Period requirement, unless stated otherwise in the Schedule;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions applicable to Your Coverage.]

[HOME AND COMMUNITY CARE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Home and Community Care, as described below.

Covered Expenses

Covered Expenses for Home and Community Care means expenses You incur for: Adult Day Care; Nurse and Therapist Services; Home Health or Personal Care Services; and Homemaker and Chore Care.

Definitions

Adult Day Care means a program for six (6) or more individuals of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the Home.

Nurse and Therapist Services means health care services provided in Your Home by a Nurse, or a licensed physical, occupational, respiratory, or speech therapist.

A **Formal or Informal Provider** means a person who provides care in Your Home which:

- Is consistent with the needs addressed in Your Plan of Care;
- Is necessary to enable You to continue to remain safely at Home; and
- Is necessary because You are Chronically Ill.

This provider may be a nurse's aide, home health aide, or person qualified by training and/or experience to provide such care. There is no requirement that the provider be at a level of certified or licensed other than that legally required to provide the Covered Care. The provider may be independent; and does not need to be associated with an agency or provider organization.

Home Health or Personal Care Services means assistance You receive in Your Home from a Formal or Informal Provider with: simple health care tasks; personal hygiene; managing medications; performing Activities of Daily Living; and supervision needed when You have Severe Cognitive Impairment.

Homemaker and Chore Care means the following tasks a Formal or Informal Provider furnishes in Your Home: meal planning and preparation; doing laundry; light house cleaning (such as: vacuuming, mopping, dishwashing, cleaning the kitchen or bath, and changing bedding); minor household repairs related to Your safety at Home (such as to handrails and safety rails, stairs, or floors); taking out the garbage; and simple cleaning tasks to remove unsafe debris or dirt from Your Home. This does not mean any type of: pet care; residential upkeep, construction, renovation or routine home preservation (such as painting); lawn or yard care; snow removal; transportation or vehicle or equipment maintenance; or similar tasks.

Payment Limitations

Payment of this Benefit is subject to:

- the Deductible or Elimination Period requirement, unless stated otherwise in the Schedule;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions applicable to Your Coverage.]

HOME ASSISTANCE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Home Assistance services and items, as described below.

Covered Expenses

Covered Expenses for Home Assistance means expenses You incur (including tax, installation and labor costs) for the following services and items:

- Home Modifications, Assistive Devices and Supportive Equipment;
- Emergency Medical Response Systems; and
- Caregiver Training.

These services and items must be:

- Intended to enable You to remain safely in Your Home; and
- Stated in, and furnished in accordance with, Your Plan of Care.

Definitions

Home Modifications, Assistive Devices and Supportive Equipment means items that are intended to relieve Your need for direct physical assistance; and (as stated in Your Plan of Care) are expected to enable You to remain safely in Your Home for at least 90 days after the date of purchase or first rental. This may include:

- Ramps to permit Your movement from one level of Your Home to another;
- Grab bars to assist You in toileting, bathing or showering;
- Hospital beds, wheelchairs or crutches for You alone;
- Adaptive equipment to enable independent feeding and dressing (specialized utensils and fasteners); and
- Pumps and other devices for intravenous injection.

This does NOT include the purchase or rental of any:

- Home repair, remodeling, or installation of an elevator, escalator, garage door opener, swimming pool, hot tub, Jacuzzi or whirlpool type tub, or other similar items or services;
- Items that will, other than incidentally, increase the value of Your Home; and
- Artificial limbs, teeth, corrective lenses, hearing aids, or equipment placed in Your body, temporarily or permanently.

Emergency Medical Response Systems means the installation of, and any ongoing fees for, any type of medical alert system.

Caregiver Training means the training of a family member, friend, or other person to provide care for You in Your Home when that person will not be paid to care for You. Caregiver Training consists of training in the proper use and care of a therapeutic device or an appropriate care giving procedure. It does not include training received when You are Confined in a hospital, Nursing Facility or Assisted Living Facility, unless it is reasonably expected that the training will make it possible for You to return to Your Home, where You can be cared for by the person receiving the training.

Payment Limitations

Payment of this Benefit is subject to: the Coverage Maximum; the payment limit shown in the Schedule for this Benefit; and all other provisions and conditions applicable to Your Coverage. Payment of this Benefit is not subject to any Deductible or Elimination Period requirement; and cannot be used to satisfy any Deductible or Elimination Period requirement.

[INFORMAL CARE BENEFIT]

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Informal Care, as described below.

Covered Expenses

Covered Expenses means expenses You incur for Informal Care that is:

- Intended to enable You to remain in Your Home; and
- Stated in, and furnished in accordance with, Your Plan of Care.

Definition

Informal Care means health and personal care assistance another person (which can include a member of Your Immediate Family) provides to You, in Your Home, because You are Chronically Ill.

The person providing the assistance must be someone who:

- Did not reside with You in Your Home at the time You became eligible for benefits; and
- Is neither from a Home Health Agency nor licensed or certified to provide such assistance.

The assistance may be in the form of:

- help with simple health care tasks, personal hygiene, or managing medications;
- Substantial Assistance in performing Activities of Daily Living; or
- Substantial Supervision when You have Severe Cognitive Impairment.

Your Plan of Care must specify the type, frequency and duration of Informal Care required.

Payment Limitations

Payment of this Benefit is subject to:

- the Deductible or Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions applicable to Your Coverage.]

[INFORMAL CARE BENEFIT]

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Informal Care, as described below.

Covered Expenses

Covered Expenses means expenses You incur for Informal Care that is:

- Intended to enable You to remain in Your Home; and
- Stated in, and furnished in accordance with, Your Plan of Care.

Definition

Informal Care means health and personal care assistance another person (which can include a member of Your Immediate Family) provides to You, in Your Home, because You are Chronically Ill.

The person providing the assistance must be someone who:

- Did not reside with You in Your Home at the time You became eligible for benefits; and
- Is neither from a Home Health Agency nor licensed or certified to provide such assistance.

The assistance may be in the form of:

- help with simple health care tasks, personal hygiene, or managing medications;
- Substantial Assistance in performing Activities of Daily Living; or
- Substantial Supervision when You have Severe Cognitive Impairment.

Your Plan of Care must specify the type, frequency and duration of Informal Care required.

Payment Limitations

Payment of this Benefit is subject to:

- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions applicable to Your Coverage.

Days on which You receive Informal Care cannot be used to satisfy any Deductible or Elimination Period requirement.]

HOSPICE CARE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Hospice Care, as described below.

Covered Expenses

Covered Expenses for Hospice Care means expenses You incur for:

- Hospice Care received while You are living at Home; and
- Hospice Care and related care and support services (including room charges) provided by a Hospice Care Facility.

Covered Expenses for Hospice Care do not include:

- the cost of medications, supplies, equipment or Physician visits; and
- any charges for: transportation; televisions; telephones; beauty care; guest meals; or entertainment.

Definitions

Hospice Care means services designed to provide palliative care and alleviate Your physical, emotional, spiritual and social discomforts when You are:

- Chronically Ill; and
- Terminally Ill.

Hospice Care Facility means a facility that provides a formal Hospice Care program directed by a Physician on an inpatient basis. A Hospice Care Facility must be licensed or certified by the state in which it is located, if such license or certification is required. A Hospice Care Facility may be licensed or certified as a Nursing Facility, Assisted Living Facility, or other type of health care facility. A Hospice Care Facility does not mean a hospital, clinic, a community living center, or a place that provides residential or retirement care only.

Terminally Ill means having six (6) months or less to live, as determined by a Physician.

Payment Limitations

Payment of this Benefit is subject to:

- the Coverage Maximum;
- the payment limit shown in the Schedule for the Nursing Facility Maximum when Hospice Care is received in a Hospice Care Facility;
- the payment limit shown in the Schedule for the Home and Community Care Benefit for Hospice Care received while You are living at Home; and
- all other provisions and conditions applicable to Your Coverage.

Payment of this Benefit is not subject to any Deductible or Elimination Period requirement; and cannot be used to satisfy any Deductible or Elimination Period requirement.

RESPITE CARE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Respite Care, as described below.

Covered Expenses

Covered Expenses for Respite Care means expenses You incur for Respite Care that would be payable under the following if there were no Deductible or Elimination Period requirement:

- the Nursing Facility Benefit;
- the Assisted Living Facility Benefit; and
- the Home and Community Care Benefit;

Definition

Respite Care means temporary care You receive in order to provide short-term relief for the person who normally and primarily provides You with care in Your Home on a regular, unpaid basis.

Your Plan of Care must state:

- the name of the unpaid caregiver for whom the respite is being provided;
- the period of respite; and
- the Covered Care You will require to replace that normally provided by the unpaid caregiver.

Respite Care can be received: in Your Home; or during a temporary stay in a Nursing Facility or Assisted Living Facility.

Payment Limitations

Payment of this Benefit is subject to:

- the Coverage Maximum.
- the payment limit shown in the Schedule for the Nursing Facility Benefit for Respite Care received in a Nursing Facility;
- the payment limit shown in the Schedule for the Assisted Living Facility Benefit for Respite Care received in an Assisted Living Facility;
- the payment limit shown in the Schedule for the Home and Community Care Benefit for Respite Care received while You are living at Home;
- the maximum payment period (days per calendar year) shown in the Schedule for this Benefit; and
- all other provisions and conditions applicable to Your Coverage.

Payment of this Benefit is not subject to any Deductible or Elimination Period requirement; and days of Covered Care under it cannot be used to satisfy any Deductible or Elimination Period requirement.

[TRANSITION BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred while You are satisfying the Elimination Period, as described below.

Covered Expenses

Covered Expenses for this Transition Benefit means expenses You incur for Qualified Long Term Care Services received during the Elimination Period.

The amount determined from the Schedule for this Benefit will be paid as a lump sum once We have verified that You have: (a) satisfied the Eligibility for the Payment of Benefits provision; and (b) begun to satisfy the Elimination Period. You may use this payment to cover costs associated with care received during the Elimination Period.

Payment Limitations

This is a one-time Benefit. Payment of this Benefit is subject to:

- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions applicable to Your Coverage.

Payment of this Benefit is not subject to any Deductible or Elimination Period requirement; and cannot be used to satisfy any Deductible or Elimination Period requirement.

Notice Regarding Tax Law - Please note that payment of this Benefit may have tax implications. You are advised to review this benefit with a qualified tax professional to determine any such tax impact.]

[ASSISTED LIVING FACILITY BENEFIT]

The Benefit

Under this Benefit We will pay for Covered Expenses incurred during Your Confinement in an Assisted Living Facility, as described below.

Covered Expenses

Covered Expenses for care in an Assisted Living Facility means expenses You incur for Assisted Living Care, support services and meals provided by the Assisted Living Facility. They do not include expenses for prescription medications or any items or services provided for Your comfort and convenience, such as: transportation; televisions; telephones; beauty care; guest meals; or entertainment.

Note: Covered Expenses include room charges in an Assisted Living Facility ONLY when the Schedule states that they are included under this Benefit.

Definitions

Assisted Living Care means Substantial Assistance provided to persons who are unable to perform Activities of Daily Living; and Substantial Supervision provided to persons who have Severe Cognitive Impairment.

Assisted Living Facility means a facility (including a facility for people with Alzheimer's disease) that is not excluded below and is required to engage primarily in providing continual (24 hours a day, every day) Assisted Living Care to its resident inpatients in accordance with the authority granted by a license or certification issued by the federal government or the state, territory or possession of the United States of America in which it is located.

If the facility is not required to have such a license or certification to provide continual (24 hours a day, every day) Assisted Living Care, the facility must provide Assisted Living Care in accordance with all applicable laws and regulations and at all times satisfy all of the following:

- It has accommodations for at least ten (10) resident inpatients;
- It maintains records for all care and services provided to each resident inpatient;
- It has an awake employee on duty in the facility who is trained and ready to provide its resident inpatients with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment;
- It has an awake employee who is aware of the whereabouts of its resident inpatients;
- It provides three (3) meals a day and accommodates special dietary needs;
- It has written formal procedures, including an agreement with a Physician or Nurse, for the furnishing of medical care and services in case of an emergency; and
- It has the appropriate methods and procedures to provide necessary assistance to resident inpatients in managing prescribed medications.

Excluded Places: An Assisted Living Facility is NOT any of the following:

- A facility that does not satisfy the above definition.
- A clinic or hospital (including a sub-acute care or rehabilitation hospital).
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- A Nursing Facility.
- Your Home.

If a facility has multiple licenses, certifications or purposes and has a separate ward, wing, or unit in which You are a resident inpatient, We will consider You to be in an Assisted Living Facility only if such ward, wing, or unit satisfies the above definition of an Assisted Living Facility.

Payment Limitations

Payment of this Benefit is subject to:

- the Deductible or Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions applicable to Your Coverage.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.]

[ASSISTED LIVING FACILITY BENEFIT]

The Benefit

Under this Benefit We will pay for Covered Expenses incurred during Your Confinement in an Assisted Living Facility, as described below.

Covered Expenses

Covered Expenses for care in an Assisted Living Facility means expenses You incur for Assisted Living Care, support services, meals, and room charges provided by the Assisted Living Facility. They do not include expenses for prescription medications or any items or services provided for Your comfort and convenience, such as: transportation; televisions; telephones; beauty care; guest meals; or entertainment.

Definitions

Assisted Living Care means Substantial Assistance provided to persons who are unable to perform Activities of Daily Living; and Substantial Supervision provided to persons who have Severe Cognitive Impairment.

Assisted Living Facility means a facility (including a facility for people with Alzheimer's disease) that is not excluded below and is required to engage primarily in providing continual (24 hours a day, every day) Assisted Living Care to its resident inpatients in accordance with the authority granted by a license or certification issued by the federal government or the state, territory or possession of the United States of America in which it is located.

If the facility is not required to have such a license or certification to provide continual (24 hours a day, every day) Assisted Living Care, the facility must provide Assisted Living Care in accordance with all applicable laws and regulations and at all times satisfy all of the following:

- It has accommodations for at least ten (10) resident inpatients;
- It maintains records for all care and services provided to each resident inpatient;
- It has an awake employee on duty in the facility who is trained and ready to provide its resident inpatients with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment;
- It has an awake employee who is aware of the whereabouts of its resident inpatients;
- It provides three (3) meals a day and accommodates special dietary needs;
- It has written formal procedures, including an agreement with a Physician or Nurse, for the furnishing of medical care and services in case of an emergency; and
- It has the appropriate methods and procedures to provide necessary assistance to resident inpatients in managing prescribed medications.

Excluded Places: An Assisted Living Facility is NOT any of the following:

- A facility that does not satisfy the above definition.
- A clinic or hospital (including a sub-acute care or rehabilitation hospital).
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- A Nursing Facility.
- Your Home.

If a facility has multiple licenses, certifications or purposes and has a separate ward, wing, or unit in which You are a resident inpatient, We will consider You to be in an Assisted Living Facility only if such ward, wing, or unit satisfies the above definition of an Assisted Living Facility.

Payment Limitations

Payment of this Benefit is subject to:

- the Deductible or Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions applicable to Your Coverage.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.]

NURSING FACILITY BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred during Your Confinement in a Nursing Facility, as described below.

Covered Expenses

Covered Expenses for Nursing Facility care means expenses You incur for care and support services, meals and room charges provided by the Nursing Facility. They include expenses for: private duty Nursing Care provided by a Nurse who is not employed by the facility; and all levels of care (including skilled, intermediate and custodial care) provided by the Nursing Facility. They do not include expenses for prescription medications or any items or services provided for Your comfort and convenience, such as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

Definitions

Nursing Care means care, furnished on a Physician's orders, which requires the specialized skills of a Nurse and is performed by or under the continual, direct and immediate supervision of a Nurse to meet a person's need to: (a) improve or maintain health; and (b) provide Supervision when needed due to Severe Cognitive Impairment, or Substantial Assistance with Activities of Daily Living.

A **Nursing Facility** is a facility, not excluded below, that is engaged primarily in providing continual (24 hours-a-day, every day) Nursing Care to all of its Confined inpatients in accordance with the authority granted by a license issued by the federal government or the State in which it is located. The facility must have at least one full-time (at least 30 hours per week) Nurse. A Nurse must be on duty or on call in the facility at all times. The facility must maintain a daily record of all care and services provided to its Confined inpatients.

Excluded Places: The definition of a Nursing Facility does NOT include any of the following:

- A facility that does not fully satisfy the above definition.
- A clinic or hospital (including a sub-acute care or rehabilitation hospital).
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- An Assisted Living Facility.
- Your Home.

If a facility has multiple licenses or purposes, and has a separate ward, wing or unit in which You are confined, We will consider You to be in a Nursing Facility only if that ward, wing or unit satisfies the above definition of a Nursing Facility.

Payment Limitations

Payment of this Benefit is subject to:

- the Deductible or Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions applicable to Your Coverage.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.

[BED RESERVATION BENEFIT

The Benefit

As described below, this Benefit We will pay for Covered Expenses incurred to reserve Your accommodations when You are temporarily absent from a:

- Nursing Facility;
- Assisted Living Facility; or
- Hospice Care Facility.

Covered Expenses

Covered Expenses for Bed Reservation Benefits means the expenses You incur for reserving Your room accommodations in a Nursing Facility, Assisted Living Facility, or Hospice Care Facility when Your Confinement is interrupted by a temporary absence.

The temporary absence can be for any reason, including, but not limited to, hospital stays as well as spending holidays or other time with Your family.

Payment Limitations

We will pay up to the lesser of:

- the Covered Expenses You incur to reserve Your accommodations; or
- the amount We would have paid if You had remained in the Nursing Facility, Assisted Living Facility, or Hospice Care Facility.

Payment of this Benefit is subject to:

- the Deductible or Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown above;
- the maximum payment period (days per calendar year) shown in the Schedule for this Benefit; and
- all other provisions and conditions applicable to Your Coverage.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.]

[BED RESERVATION BENEFIT

The Benefit

As described below, this Benefit We will pay for Covered Expenses incurred to reserve Your accommodations when You are temporarily absent from a Nursing Facility or Hospice Care Facility.

Covered Expenses

Covered Expenses for Bed Reservation Benefits means the expenses You incur for reserving Your room accommodations in the Nursing Facility or Hospice Care Facility when Your Confinement is interrupted by a temporary absence.

The temporary absence can be for any reason, including, but not limited to, hospital stays as well as spending holidays or other time with Your family.

Payment Limitations

We will pay up to the lesser of:

- the Covered Expenses You incur to reserve Your accommodations; or
- the amount We would have paid if You had remained in the Nursing Facility or Hospice Care Facility.

Payment of this Benefit is subject to:

- the Deductible or Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown above;
- the maximum payment period (days per calendar year) shown in the Schedule for this Benefit; and
- all other provisions and conditions applicable to Your Coverage.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.]

INTERNATIONAL COVERAGE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred during Your Confinement in an Out-of-Country Nursing Facility, as described below.

Covered Expenses

Covered Expenses for International Coverage means expenses You have paid for care and support services (including room and board) provided to You by an Out-of-Country Nursing Facility under the Conditions stated below.

Covered Expenses do not include expenses for prescription medications or any items or services provided for Your comfort and convenience, such as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

Conditions

Payment of this Benefit is subject to all of the following conditions:

- We will not provide Privileged Care Coordination Services in connection with this Benefit.
- The Waiver of Premium Benefit will not apply to any period for which payment is made under this Benefit.
- We must receive proof, satisfactory to Us, that You are eligible for benefit payments. At Your own expense, You must obtain and furnish Us with complete documentation in English. Such documentation shall include, but is not limited to:
 - A Current Eligibility Certification from a Licensed Health Care Practitioner that You are Chronically Ill.
 - A satisfactory Plan of Care prescribing the need for Confinement care due to Your being Chronically Ill.
 - Properly completed claims forms, billing statements, and supporting medical and care documentation acceptable to Us as verifiable proof of loss and payment.
 - A copy of Your passport, airline ticket or other proof acceptable to Us that You are outside the United States of America, its territories and possessions.

We may require that You provide Us with all of the above information at reasonable intervals. We will not require this more frequently than monthly.

This benefit will not be payable if it is prohibited by the United States Government sanctions as specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization).

Definition

An **Out-of-Country Nursing Facility** is an institution, not excluded below, that:

- Is located outside the United States, its territories and possessions; and
- Is a legally operated facility that is engaged primarily in providing continual (24 hours-a-day, every day) nursing care to all of its residents or inpatients; and
- Satisfies all of the following requirements.

Requirements: To satisfy this Out-of-Country Nursing Facility definition, such facility, or a separate portion, ward, wing or unit thereof, must at all times:

- Provide such nursing care in accordance with the authority granted by a license or similar accreditation acceptable to Us that has been issued by the national or requisite political subdivision of the country in which it is located to provide the levels of care for which benefits would be payable under the Nursing Facility Benefit;
- Employ at least one full-time (at least 30 hours per week) Graduate Nurse;
- Have a Graduate Nurse on duty or on call in the facility at all times;
- Have an awake employee on duty in the facility who is:
 - Trained and ready to provide its residents with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment; and
 - Aware of the whereabouts of the residents;
- Provide three (3) meals a day and accommodate special dietary needs;
- Have arrangements with a Physician or Graduate Nurse to furnish medical care and services in case of an emergency;
- Have the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications; and
- Have accommodations for at least 10 resident inpatients in that location.

For the purposes of this definition, a **Graduate Nurse** is a person who has:

- Completed a post-secondary nursing care training program; and
- A current license to provide skilled nursing care to sick or infirm individuals under the direction of a Physician.

Excluded Places: The definition of an Out-of-Country Nursing Facility does NOT include any of the following:

- A hospital (including any sub-acute or rehabilitation hospital) or clinic.
- An Assisted Living Facility.
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- Your Home or other residential establishment or environment, including an ocean going vessel.

Payment Limitations

Payment of this Benefit is subject to:

- the Deductible or Elimination Period requirement;
- the Coverage Maximum;
- a payment limit equal to 75% of the payment limit applicable to the Nursing Facility Benefit; provided that in no event will such payment be made under this Certificate for more than 4 years (48 calendar months or 1460 days, as applicable) in total; and
- all other provisions and conditions applicable to Your Coverage.

If this Benefit is subject to a monthly maximum, payment for periods of less than a full calendar month will be pro-rated based on: a 30-day month; and the number of days for which payment is being made.

This Benefit will not be payable at the same time as any other Benefit.

ALTERNATE CARE BENEFIT

For expenses not otherwise covered. Prior approval by Us is required.

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Alternate Care, as described below.

Covered Expenses

Covered Expenses for Alternate Care means the expenses You incur for Qualified Long Term Care Services that:

- are furnished in accordance with a Mutual Agreement;
- are not specifically covered under another Benefit;
- are not specifically excluded from payment;
- are cost-effective alternatives to care and services available under Your Coverage;
- are clearly specified in Your Plan of Care and in the Mutual Agreement;
- are received after Our written approval of the Mutual Agreement; and
- are received while the Mutual Agreement is in effect.

Definition

The **Mutual Agreement** is a written document agreed to by You, Your personal Physician and Us which sets forth:

- the care and services, devices and treatments that will be considered as Covered Care under this Benefit;
- how any Deductible or Elimination Period requirement affects payment under this Benefit; and
- the duration and payment maximums for Covered Care under this Benefit.

The Mutual Agreement will not waive any rights You or We have with respect to Your Coverage.

The Mutual Agreement may be discontinued at any time without affecting Your right to benefits otherwise available under Your Coverage.

Payment Limitations

Payment of this Benefit is subject to:

- the Deductible or Elimination Period requirement, if any, set forth in the Mutual Agreement;
- the Coverage Maximum;
- the payment limits set forth in the Mutual Agreement; and
- all other provisions and conditions applicable to Your Coverage.

WAIVER OF PREMIUM BENEFIT

The Benefit

The Schedule indicates the Benefits for which this waiver applies. We will waive Your premium payments for each Coverage Month that begins while You are receiving care for which payment will be made under any such Benefit. This waiver applies to the entire premium for this Certificate and all attachments.

This waiver stops when You are no longer eligible for payment under any of the Benefits to which it applies. Any premiums paid for Coverage Months during which the waiver applies will be credited toward Your future premiums. When this waiver stops You will be required to resume and continue paying premiums as they become due in accordance with this Certificate's premium payment mode.

[10 YEAR SURVIVORSHIP BENEFIT

The Benefit

If Your Spouse or Partner dies, Your Coverage will be paid up and no further premium payments will be required for Your Coverage when all of the following Conditions have been met.

Conditions

On the date of Your Spouse or Partner's death:

- both You and Your Spouse or Partner continuously had long term care insurance that :
 - was provided under an individual or group policy issued by Us;
 - was in force, other than under a nonforfeiture benefit, for at least the prior 10 year period; and
 - included a similar 10 Year Survivorship Benefit for the entire 10 year period of concurrent coverage.
- He or she had been Your Spouse or Partner for the entire 10 year period of concurrent coverage.

This Benefit will not apply if long term care benefits were paid or payable by Us for either person for any period during the first 10 years of such concurrent Survivorship Benefit coverage.

We must received due written proof of Your Spouse or Partner's death.

This waiver applies to the premium for Your Certificate and all attached riders in force on the date of Your Spouse or Partner's death. This rider will not operate to waive premiums for any benefits or changes added after the death of Your Spouse or Partner.]

[RESTORATION BENEFIT

The Benefit

Under this Benefit We will increase the amount of Your unused Coverage Maximum if, after receiving benefits, You Fully Recover from being Chronically Ill, as described below.

Definitions

Fully Recover means that for a period of 180 consecutive days:

- Your Coverage has been continuously in force on a premium paying basis;
- You have neither required, nor received, care or services that would qualify as Covered Care;
- You have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and
- You have not had Severe Cognitive Impairment.

To verify that You have Fully Recovered, You must give Us the right, at Our expense, to:

- obtain copies of Your medical records and care notes;
- interview You and Your care providers and Licensed Health Care Practitioners;
- perform on-site nursing, functional and/or cognitive assessments; and
- require a physical examination.

Restoration means that We will increase the amount in Your unused Coverage Maximum by the amount of benefits previously paid for Your Covered Expenses that was not previously restored.

Payment Limitations

This Restoration will apply only to Your Coverage Maximum. No other Benefit payment limit will be changed.

This Restoration will not apply when Your Coverage is in force under a Nonforfeiture Benefit.]

[GRADED RETURN OF PREMIUM ON DEATH BENEFIT]

The Benefit

This Benefit provides a full or partial return of premium that We will pay in the event You die before age 75 and while Your Coverage is in force.

How Much We Will Pay

We will pay as a return of premium an amount equal to (a) minus (b), where:
(a) is the Covered Percent of the total amount of earned premiums actually paid (and not waived) for Your Coverage; and
(b) is the amount of any benefits paid or payable for Your Coverage.

The Covered Percent used to determine the return amount depends on Your age on Your Premium Due Date immediately prior to Your death, as determined from the table below.

<u>Age at Death</u>	<u>Covered Percent</u>
65 or less	100%
66	90%
67	80%
68	70%
69	60%
70	50%
71	40%
72	30%
73	20%
74	10%
75 or later	0%

This Benefit will be paid to Your designated beneficiary. If no beneficiary is named or none survives You, this Benefit will be paid to Your estate.

Payment Limitations

We must receive written proof of Your death within one (1) year of Your death. This Benefit will not be paid if Your Coverage was being continued in force under a Nonforfeiture Benefit.

The payment for any claim We receive after this Benefit has been paid will be reduced by the amount paid under this Benefit.

Notice Regarding Tax Law - Please note that payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

[10 YEAR RETURN OF PREMIUM ON DEATH BENEFIT

The Benefit

This Benefit provides a return of premium in the event You die:

- while Your Coverage is in force; and
- after Your Coverage has been in force for at least 10 consecutive years.

How Much We Will Pay

We will pay as a return of premium an amount equal to:

- the total amount of earned premiums actually paid (and not waived) for Your Coverage;

REDUCED BY

- the amount of any benefits paid or payable for Your Coverage.

This Benefit will be paid to Your designated beneficiary. If no beneficiary is named or none survives You, this Benefit will be paid to Your estate.

Payment Limitations

We must receive written proof of Your death within one (1) year of Your death.

This Benefit will not be paid if Your Coverage was being continued in force under a Nonforfeiture Benefit.

The payment for any claim We receive after this Benefit has been paid will be reduced by the amount paid under this Benefit.

Notice Regarding Tax Law - Please note that payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

CONTINGENT NONFORFEITURE BENEFIT

The Benefit

This Benefit allows You to convert to a Shortened Benefit Period if We make a substantial increase in the premium for Your Coverage.

How This Benefit Works

If We make a substantial increase in Your premium, as determined by the following Table, We will do all of the following:

- Offer to reduce Your current level of coverage without proof of insurability so that the required premium for Your Coverage are not increased;
- Offer to convert Your Coverage to a paid-up status with a Shortened Benefit Period as described below. This option may be elected at any time during the 120-day period following the date of the premium increase; and
- Notify You that a default or lapse at any time during the 120-day period following the date of the premium increase will be deemed to be the election of the preceding offer to convert. A default or lapse is Your failure to pay the required premiums within the Grace Period.

Table Indicating a Substantial Premium Increase*

<u>Issue Age</u>	<u>Increase Over Initial Premium</u>	<u>Issue Age</u>	<u>Increase Over Initial Premium</u>	<u>Issue Age</u>	<u>Increase Over Initial Premium</u>
Under 30	200%	66	48%	79	22%
30 – 34	190%	67	46%	80	20%
35 – 39	170%	68	44%	81	19%
40 – 44	150%	69	42%	82	18%
45 – 49	130%	70	40%	83	17%
50 – 54	110%	71	38%	84	16%
55 – 59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 & older	10%
65	50%	78	24%		

* Percentage increase is cumulative from date of original issue. It does NOT include any increases attributed to later changes or Your election of additional or increased benefit levels.

Shortened Benefit Period

If You convert in accordance with the above, Your Coverage will continue with a reduced Coverage Maximum. It will have the same Benefits, Deductible or Elimination Period requirements and other payment limits that were in effect at the time of lapse or election to convert. These limits will not be affected by any Benefit Increase provisions. The amount of Your reduced Coverage Maximum will be the greater of:

- 100% of all premiums paid for Your Coverage, excluding any waived premiums; or
- the maximum amount in effect at the time of default or lapse for one month (30 days) under the Nursing Facility Benefit.

It will not be reduced by any benefits previously paid for Your Coverage.

Payment Limitations

Payment is subject to the limits determined above for the Shortened Benefit Period plan. In addition, the total amount payable under this Benefit and Your Coverage, while it was in force prior to conversion, is limited to the maximum amount that would have been paid if Your coverage had remained in premium

paying status. This Benefit will not apply if Your Coverage is continued in accordance with any other Nonforfeiture Benefit.

EXCLUSIONS AND LIMITATIONS

This section states the conditions under which benefit payments will be limited, or not made at all, even if You otherwise qualify for benefits.

Exclusions

We will not pay benefits for any expenses incurred for any room and board, care, treatment, services, equipment, or other items:

- [For which no charge is normally made in the absence of insurance;]
- [Provided outside the United States of America, its territories and possessions; unless specifically provided for by a Benefit;
- [Provided by Your Immediate Family, unless a Benefit specifically states that a member of Your Immediate Family can provide Covered Care. We will not consider care to have been provided by a member of Your Immediate Family when:
 - He or she is a regular employee of the organization that is providing the services; and
 - Such organization receives payment for the services; and
 - He or she receives no compensation other than the normal compensation for employees in her or his job category;]
 - [Provided by or in a Veteran's Administration or Federal government facility, unless a valid charge is made to You or Your estate;]
 - [Resulting from illness, treatment or medical condition arising out of any of the following:
 - [War or any act of war, whether declared or not;]
 - [Attempted suicide or an intentionally self-inflicted injury;]
 - [Participation in a felony, riot, or insurrection;]
 - [Service in the armed forces or units auxiliary thereto;]
 - [Your alcoholism or addiction to drugs or narcotics (except for an addiction to a prescription medication when administered in accordance with the advice of a Physician).]

Note: We will pay benefits for Alzheimer's disease, subject to the same exclusions, limitations and provisions otherwise applicable to other Covered Care.

Non-Duplication

Benefits will be paid only for Covered Expenses that are in excess of the amount paid or payable under:

- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount); and
- [Any state or federal workers' compensation, employer's liability or occupational disease law; and]
- Any other federal, state or other governmental health care program or law except Medicaid.

However, this Non-Duplication provision will not disqualify a Covered Expense from being used to satisfy any Deductible or Elimination Period requirement.

[Coordination with Other Coverage

We will reduce the amount We will pay for Covered Care when the total amount payable under this and all other Long Term Care Coverage is greater than the actual expense You incur for that Covered Care.

We consider **Long Term Care Coverage** to be [group] coverage[, whether group or individual,] that provides nursing facility, assisted living facility or home health care benefits. This applies whether those benefits are payable on an expense reimbursement, indemnity, cash payment or other basis. However, this does not include coverage that is provided in the form of an acceleration of life insurance or annuity benefit payments.

When benefits are reduced, the amount We will pay will be the lesser of:

- The amount We would pay in the absence of this provision; or
- The difference between the actual expense incurred for the Covered Care and the total amount payable for that Covered Care under:
 - all other Long Term Care Coverage that was effective before this Coverage; plus
 - all other Long Term Care Coverage that does not coordinate its payment with this Coverage.]

[No Pre-Existing Conditions Exclusion]

Except as stated in the Misstatement/Incontestability provision in the General Provisions, We will not reduce or deny any claim because of a sickness or physical or medical condition that existed prior to Your Coverage Effective Date.]

[Pre-Existing Conditions Limitation]

We will not pay benefits for any loss or confinement that is a result of a Pre-Existing Condition when the loss or confinement begins within [six (6)][twelve (12)] months following Your initial Coverage Effective Date.

A **Pre-Existing Condition** means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a Health Care Professional within six (6) months prior to Your initial Coverage Effective Date.

A **Health Care Professional** includes anyone who is: a Physician; a Nurse; a physician assistant; a physical, occupational, speech or respiratory therapist; a chiropractor; an acupuncturist; a homeopathic doctor; or a Licensed Health Care Practitioner.]

[If You were required to answer questions about Your health as part of Your Application, this Pre-Existing Conditions Limitation will not apply to You.]

If the Group Policy or this Certificate replaces another long-term care policy or certificate, We will waive any time periods applicable to pre-existing conditions for similar benefits to the extent that similar limitations or exclusions were satisfied under the original policy.

PREMIUMS AND RENEWAL

Paying Premiums

Each premium paid continues Your Coverage in force until the date the next premium is due, except as stated in the Grace Period provision. Premiums are subject to change as described below.

Premiums are payable to Us. The first premium is due on Your Coverage Effective Date. Your Schedule shows the initial premium payment mode that applies to Your Coverage. Premium payment modes available under the Group Policy are determined by mutual agreement between the Policyholder and Us.

Modal Premium Notice

The Schedule shows the available premium payment modes and how premiums are determined for different modes. When more than one mode of premium payment is available, You should compare the premium required in a year for each available mode. You may find that the more often premiums are payable the higher the premium amount will be per year. You should choose the mode of premium payment that works best for You.

Notifying Us of Changes

You are responsible for notifying Us if Your method of premium payment changes. You must notify Us within 30 days of the effective date of the change. If payments are being made through electronic funds transfer, payroll deduction or pension deduction, and the method of payment cannot be accomplished for any reason, We will bill You directly.

Our Right To Change Premium Rates

We reserve the right to change premiums in the future. Premiums will not change due to a change in Your age, health, or use of this Coverage. Premiums may increase on a group or class basis. Premium changes may be implemented under the Group Policy on or after the following dates:

- [The date any applicable Rate Guarantee Period expires;]
- The date there is a change in: benefits; terms of coverage; eligibility for benefits; or Our rating practices that affects Your Coverage under the Group Policy (including any such changes required by any law, regulation, judicial or administrative order or decision);
- The date We determine an increase is applicable when the change is required because of actual or expected experience, a change in the factors bearing on the risk assumed, or Our estimates for future cost factors. A change in premium rates due to experience may occur only once during any 12 month period.

If Your premiums are paid by payroll or pension deduction, either We, or the Policyholder will notify You of a change in Your premiums. If You are paying premiums directly to Us, We will notify You at least 60 days before the date a change in Your premiums becomes effective.

[Your Premium Rate Guarantee

The rates that determine the premium for Your Coverage are guaranteed for only the Rate Guarantee Period, if any, shown in the Schedule.]

Your Options If Premium Rates Increase

If Your Premiums increase, You will have the option of:

- maintaining Your current benefits at the increased premium rate;
- electing a decrease in coverage to an available coverage amount that maintains or reduces Your current premium; or
- cancelling or lapsing Your Coverage (subject to any rights You may have under the Contingent Nonforfeiture Benefit).

Refund Of Premiums Paid Beyond Your Death

If You die while Your Coverage is in effect, We will refund the pro rata part of any unearned premium paid for the period after Your death to Your beneficiary or estate. The refund will be made within 30 days of Our receipt of written notice and proof of Your death.

Limitations on the Refund of Premiums

Refunds of premium or similar amounts under Your Coverage shall be applied as a reduction in future premiums payable. This does not apply to any refund on: Your death; a complete surrender of Your Coverage; or cancellation of Your Coverage.

Grace Period

A period of 31 days will be granted for each premium, after the first premium, that is unpaid on the date due. If premium has not been paid by the end of that 31-day period, We will send a notice to You (and the Policyholder when the Policyholder is remitting premiums to Us) explaining that a payment has been missed and that coverage may lapse. The notice will provide an additional 35 days to pay the unpaid premium beginning on the date We mail the notice.

If You have designated an individual to be notified in case of lapse, We will also send notice to Your designee at the address You provided.

Payment will allow Your Coverage to continue in force without interruption. Failure to pay any unpaid premium by the end of the Grace Period will result in termination of Your Coverage due to lapse as of the date the premium was due.

Protection Against Unintentional Lapse

You have the right to designate at least one person, in addition to Yourself, who is to receive notice of termination for non-payment of premium. You may change this designation at any time. To do so, You must notify Us in writing. We will remind You in writing every two (2) years of this opportunity.

If Your premiums are paid by payroll or pension deduction and You have not made a prior designation, You may make the designation under this provision within sixty days after the date Your premiums are no longer being deducted from a payroll or pension plan.

Reinstatement

Your Coverage will terminate if premium is not paid before the end of the applicable Grace Period. Your Coverage may be reinstated if it ends because premiums were not paid on time, and within 12 months of termination You:

- Submit to Us an Application requesting reinstatement;
- Provide proof of insurability satisfactory to Us at Your own expense;
- Pay all past due premiums; and
- Received no care or services, during the period after Your Coverage had terminated, which would qualify as Covered Care had Your Coverage not terminated.

If the reinstatement Application is approved and payment received, Your Coverage will be reinstated as of the last Premium Due Date. A new Misstatements/Incontestability period will begin on that date for statements and omissions on the reinstatement Application.

Unpaid Premiums

When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

Continuation For Lapse Due Alzheimer's Disease and Other Forms of Cognitive Or Functional Impairment

We will provide a retroactive continuation of coverage, if:

- Your Coverage terminates due to non-payment of premiums (lapse); and
- within seven (7) months after termination We are given proof that You met the Eligibility for the Payment of Benefits requirements of Your Coverage, beginning on or before the expiration date of the Grace Period.

We must receive proof of Your impairment or incapacity and all past-due premiums within that 7-month period. The proof must be in the form of an assessment from a Licensed Health Care Practitioner (or other proof approved by Us), which demonstrates that You were Chronically Ill. In addition, We require a Current Eligibility Certification. Any benefits for which You qualified during the continuation period will be paid to the same extent they would have been paid if Your Coverage had remained in force from the date of termination.

Right to Reduce Coverage and Lower Premiums

You have the right to reduce Your future premiums at any time by requesting that We delete an optional Benefit or feature for which an additional premium is charged, or by decreasing coverage amounts. To do that You must give Us a signed written request in a form acceptable to Us.

We reserve the right to determine what represents an acceptable decrease. A decrease in Your Nursing Facility Maximum will result in a proportional decrease in (a) Your Coverage Maximum; and (b) other payment limits that are based on the Nursing Facility Maximum. The premium reduction for any decrease will be based on Your age at the time the coverage to be reduced became effective. The change in Your Coverage will become effective on Your Premium Due Date following Our receipt of Your written request.

If You request a decrease in coverage, You will not be required to provide proof of insurability.

CLAIM PROVISIONS

Let Us know once it appears You may be Chronically Ill, and then follow these procedures.

Telling Us About a Claim

In case of a claim for benefits under the Policy, We must be notified as outlined below. Except as required by law, documentation must be provided in English. In connection with a claim We must be provided with copies of records and documents We reasonably require. We may also require that You participate in a sworn recorded interview or a formal proceeding as part of the proof of loss.

Starting The Claim Process

To start a claim, You or Your Representative must call Us, notify Us in writing, or submit a claim form We provide. Contacting Us as soon as it appears that You may be a Chronically Ill Individual will facilitate a timely claims review. This can help Us greatly in the claims process and at the same time lead to early planning for Your Covered Care.

You may call Us if You need any type of assistance during the claim process. We will work with Your doctor, those persons providing You with Privileged Care Coordination Services and any other Licensed Health Care Practitioners You use, to ensure that We understand Your condition, the prescribed Plan of Care, and any care and support services You receive.

Notice of Claim

We must be notified when You have a claim. We must receive the notice within 30 days of the date the covered loss starts, or as soon as reasonably possible. Include in the notice at least: Your name; Your Certificate Number (as shown in the Schedule); and an address to which the claim forms should be sent.

Claim Forms

When We get notice of claim We will send out the forms needed to file proof of loss.

The forms will tell You how to complete them and where to send them. Read them carefully. Answer all questions and send all required information to the address on the forms. This proof You submit must be in the form of written documentation acceptable to Us that:

- Describes and confirms that You are Chronically Ill due to Your inability to perform at least two (2) Activities of Daily Living or Your Severe Cognitive Impairment;
- Includes a Current Eligibility Certification from a Licensed Health Care Practitioner;
- Describes Your Plan of Care;
- Describes and confirms the Covered Care You are receiving;
- Includes copies of Your Plan of Care and itemized bills, paid invoices and, if necessary, cancelled checks or other verifiable proof of payment for charges You incurred for Covered Care; and
- Includes copies of other coverage documents and explanation of benefits We will need to administer the Non-Duplication and other provisions of the Exclusions and Limitations section.

In addition, We must be provided with the authorization necessary for Us to request copies of Your medical records and Your care provider's records, including daily notes of care. We may consult with any of Your care providers and the Licensed Health Care Practitioner who prescribed Your Plan of Care.

This information will assist Us in the evaluation of Your claim so that We can determine the benefits, if any, for which You are eligible.

If You or Your Representative do not get the necessary claim forms from Us within 15 days, proof of loss can be filed without them, by sending Us a letter which describes the nature and extent of Your loss and the Covered Expense for which Your claim is made. That letter must be sent to Us at Our Administrative Office within the time period stated in the next paragraph.

Proofs Of Loss

When You have a claim for continuing loss, written proof of loss must be given to Us within 90 days after the termination of the period for which We are liable. For any other loss, written proof must be given to Us within 90 days after the date of the loss. If it is not reasonably possible to give Us written proof in the time required, We will not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. Unless You are not legally capable, the required proof must always be given to Us no later than one (1) year from the time specified.

How We Evaluate Claims

We will obtain information about You by working with You and Your personal Physician. We will also consult with any Licensed Health Care Practitioners, agencies and other care providers You used. We will then review that information to determine Your eligibility for benefits. We reserve the right, as part of the review and at Our expense, to do an assessment or a physical examination of You. Similar reviews may be required, at reasonable intervals, to determine eligibility for continued benefits. We may use outside services to assist in evaluating Your condition.

On an ongoing basis, We must receive updates to Your Plan of Care and Current Eligibility Certifications. We will also need a copy of Your Medicare Explanation(s) of Benefits (or similar form for other plans and programs subject to the Non-Duplication and other provisions of the Exclusions and Limitations section) to determine which expenses (if any) are excluded from coverage.

Physical Examination

At Our expense, We have the right to require a medical examination when a claim is made, and at reasonable intervals while continued benefits are being claimed.

Time of Payment Of Claims

After We receive the proper written proof of loss, We will pay any benefits then due immediately; and, when the loss is expected to result in on-going benefits, at the end of each monthly period from the first payment date.

Payment of Claims

While You are living, all benefits and premium refunds will be payable to You unless otherwise assigned. Loss of life benefits are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to Your estate. Any other benefits or refunds unpaid at Your death may be paid, at Our option, either to Your beneficiary or estate.

If benefits or refunds are payable to an estate, We may pay a portion of those benefits or refunds, up to \$1,000, directly to someone related to You by blood or marriage who is deemed by Us to be justly entitled to the benefits. We will be discharged to the extent of any such payment in good faith.

We may pay all or a portion of any benefits for care or services You receive to the provider of the care or services, unless You direct Us to do otherwise in writing by the time proofs of loss are filed. We do not require that Covered Care be provided by a particular facility, entity or person.

Beneficiary Designations

Unless You have named an irrevocable beneficiary, You have the right to name and change a beneficiary at any time by written request. It will take effect when received by Us or on the date You specify, if later. The consent of any beneficiary will not be required for surrender or assignment of Your Coverage, change of beneficiary, or any other change.

Direct Payment Of Benefits To Facilities (Assignment Of Benefits)

You may instruct Us to pay benefits You are due under this Coverage directly to a Nursing Facility; Assisted Living Facility; or Hospice Care Facility providing the care for which We are reimbursing expenses. The care provider must also agree to the assignment of benefits. You must notify Us in writing. No assignment shall be binding upon Us unless a copy is on file with Us. We do not assume any responsibility for the validity or effect of an assignment of benefits.

Right To Recover Overpayments

If We make payments, which, at any time, are in excess of the amount of benefits payable under Your Coverage, We have the right to recover such excess from any person to whom, or for whom, or with respect to whom, such payments were made.

Except in the event that Your Coverage is rescinded, We have the right to recover any benefits paid in error and any benefits paid as a result of fraudulent claims.

Any overpayment that is not returned to Us within 60 days of Our request will be deducted from future claims payments.

Appealing A Claim Decision

We will inform You in writing if a claim, or any part of a claim, is denied and the reason for the denial.

You may make a written request for a further explanation of the denial. Within 60 days of the date of Our receipt of Your written request We will provide You with: a written explanation of the reasons for any claim denial; and make available all information directly related to such denial.

If based on the information provided, You believe that Our decision on a claim is in error, You may appeal Our decision. You must send Us a note (no special form needed) that tells Us why You feel We should change Our decision. You may authorize someone else to act for You in this appeal process.

The written appeal should include the names, addresses and phone numbers of any providers You think We should contact to learn more about Your health and the care You received. This would include the Physicians, health care professionals and other care providers who treated You; and the facilities from which You received care, treatment, services, equipment or other items.

We will immediately pay any benefits due if Your appeal results in a change in Our claim decision.

Legal Actions

No action may be brought to recover under Your Coverage until 60 days after proof of loss has been given. No action can be brought more than three (3) years from the date written proof of loss was required to be given.

GRADED RETURN OF PREMIUM RIDER

This rider is made a part of the Certificate to which it is attached. It is issued in consideration of Your Application and premium payment. It adds the following to the Benefits Provisions of Your Certificate.

GRADED RETURN OF PREMIUM ON DEATH BENEFIT

The Benefit

This Benefit provides a full or partial return of premium that We will pay in the event You die before age 75 and while Your Coverage is in force.

How Much We Will Pay

We will pay as a return of premium an amount equal to (a) minus (b), where:
(a) is the Covered Percent of the total amount of earned premiums actually paid (and not waived) for Your Coverage; and
(b) is the amount of any benefits paid or payable under Your Certificate.

The Covered Percent used to determine the return amount depends on Your age on Your Premium Due Date immediately prior to Your death, as determined from the table below.

<u>Age at Death</u>	<u>Covered Percent</u>
65 or less	100%
66	90%
67	80%
68	70%
69	60%
70	50%
71	40%
72	30%
73	20%
74	10%
75 or later	0%

This Benefit will be paid to Your designated beneficiary. If no beneficiary is named or none survives You, this Benefit will be paid to Your estate.

Payment Limitations

We must receive written proof of Your death within one (1) year of Your death. This Benefit will not be paid if Your Coverage was being continued in force under a Nonforfeiture Benefit.

The payment for any claim We receive after this Benefit has been paid will be reduced by the amount paid under this Benefit.

Notice Regarding Tax Law: Please note that payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.

When this Rider is in Force

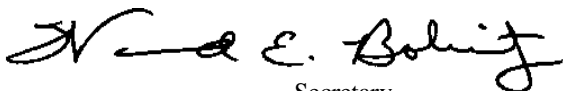
This rider takes effect on the Coverage Effective Date. It continues until terminated. It automatically terminates on the earliest of:

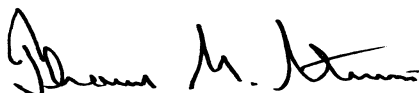
- the Premium Due Date on which You are 75 years of age;
- the date Your Coverage terminates;
- the date Your Coverage is continued under a Nonforfeiture Benefit; or
- the last day of the period for which premium for this rider has been paid, in the event You request its termination.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for GENWORTH LIFE INSURANCE COMPANY.

[Administrative Office at 3100 Albert Lankford Drive, Lynchburg, VA 24501]

[
Secretary


President and CEO, Long Term Care Division]

GENERAL PROVISIONS

Entire Contract; Changes

This Certificate reflects Your Coverage and is a part of the Group Policy. While the Group Policy is in force, it determines governing contractual provisions. No change in the Group Policy or this Certificate is valid unless approved in writing by one of Our officers. No change will affect any claim incurred prior to the date of the change.

Misstatements/ Incontestability

In issuing this Certificate, We have relied upon the information presented by You in Your Application. For any portion of Your Coverage that has been in effect for less than six (6) months, We may rescind it or deny an otherwise valid claim upon a showing of a misrepresentation in Your Application that is material to Our acceptance of Your Application. Failure to disclose material information is considered a misrepresentation.

For any portion of Your Coverage that has been in force for at least six (6) months but less than two (2) years, We may rescind it or deny an otherwise valid claim upon a showing of a misrepresentation that is both material to the acceptance of Your Coverage and pertains to the conditions for which benefits are sought.

Any portion of Your Coverage that has been in force for two (2) years will not be contestable upon the grounds of misrepresentation alone; and may be contested only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health.

Any benefits We pay will not be recovered by Us in the event all or a portion of Your Coverage is rescinded.

Misstatement Of Age

If Your age was misstated in Your Application, We will pay the benefits that the premiums paid would have purchased at Your true age. If based on Your true age, Your Coverage would not have become effective, We will only be liable for the refund of all premiums paid for Your Coverage.

Clerical Error and Misstatement of Eligibility

Clerical error, misstatement as to Your eligibility, or delays in making entries on the records by You, the Policyholder, or Us:

- will not void Your Coverage if Your Coverage would otherwise have been in effect; and
- will not cause You to become insured if You are otherwise not eligible; and
- will not extend Your Coverage if Your Coverage would otherwise have ended or been reduced.

If a clerical error or misstatement is found, premiums and benefits will be adjusted based on the true facts and the provisions of Your Coverage.

Time Periods

All time periods start and end at 12:01 a.m. Eastern Time in the United States.

Non-Participating; Dividends Not Payable

Your Coverage does not participate in Our profits or surplus earnings, has no cash value, and will not earn dividends at any time.

Conformity With Internal Revenue Code

If on its effective date, Your Coverage does not comply with the requirements of Section 7702B(b) of the Internal Revenue Code of 1986, it will be treated as if it had been changed to comply with those requirements. We will inform You in writing of any required change in the provisions of Your Coverage.

Governing Jurisdiction

The Group Policy is governed by the laws of the jurisdiction in which it was issued.

Currency

All payments by or to Us will be in the lawful money of the United States of America. Any foreign exchange rate will be as determined by Us; and will reflect the exchange rate for the date on which the service was provided as reported by a licensed bank or other financial institution designated by Us.

No Cash Values, Borrowing, or Use as Collateral

Your Coverage does not provide for a cash surrender value, or other money that can be: borrowed; or paid, assigned or pledged as collateral for a loan.

Communications Through Electronic Means or Other Technologies

We reserve the right to designate the form and means of all communications, notices or proofs required by Your Coverage. If We agree, You may contact Us about Your Coverage using electronic means or other technologies. If You agree, We may contact You regarding Your Coverage using electronic means or other technologies. Except where prohibited by state or federal law, electronic communications are equal to other communication methods. Information exchanged has the same legal effect, validity and enforceability.

[Please keep this Certificate in a safe place with Your other important documents.]

[REPLACEMENT PROVISIONS]

If Your Coverage is replacing identical or substantially equivalent coverage under another group long term care insurance policy that was issued to the Group Policyholder, the following terms and conditions will apply.

Definition

Replaced Coverage means the coverage You had under the long term care policy that was replaced by the Group Policy described in this Certificate.

Conditions

In order for Your Coverage to take effect:

- Your Replaced Coverage must have been in force on a premium paying basis on the day immediately prior to this Certificate's Coverage Effective Date;
- There is no interruption between Your Replaced Coverage and Your Coverage under the Group Policy;
- All premiums for the Replaced Coverage must be fully paid up through the date on which the Replaced Coverage ends; and
- We must receive Your first premium for Your Coverage when it is due.

Terms Applicable To Your Coverage

- The premium for Your Coverage will be based upon Your Age on the original effective date of the Replaced Coverage;
- Any Actively at Work requirement (if applicable) will be waived for Your Coverage to the extent that the requirement is the same as the actively at work requirement under the Replaced Coverage;
- Your Coverage Maximum will be reduced to the extent that benefits similar to the Benefits under Your Coverage were paid to You under the Replaced Coverage;
- Any periodic maximum or lifetime limit that applies to a particular item of Covered Care will be reduced to the extent that benefits were paid for a similar service under the Replaced Coverage;
- If You had a periodic benefit increase feature under the Replaced Coverage, our initial increase offer to You will be timed based on the date of Your last such increase under the replaced coverage. Subsequent increase offers will be made to You in accordance with the terms of this Certificate;
- [The calculation of the amount returned under a Return of Premium on Death Benefit will reflect the length of time You were covered under the Replaced Coverage and the benefit amounts paid to You under the Replaced Coverage, to the extent that the Replaced Coverage had a similar return of premium provision;]
- [We will give credit for time periods applicable to Pre-Existing Conditions to the extent that similar limitations or exclusions were satisfied under the policy being replaced.]
- If Your Coverage is converted to paid-up status under a Nonforfeiture Benefit, the calculation of Your Nonforfeiture Benefit Allowance will reflect the length of time You were covered and the benefit amounts paid to You under the Replaced Coverage, to the extent that the Replaced Coverage had a nonforfeiture protection provision other than a contingent nonforfeiture benefit; and
- Your Deductible or Elimination Period requirement will be reduced to the extent that a similar requirement was completely or partially satisfied by You under the Replaced Coverage.

Please keep this Certificate in a safe place with Your other important documents.]

NONFORFEITURE BENEFIT RIDER

This rider is made a part of the Certificate to which it is attached. It is issued in consideration of Your Application and premium payment. It adds the following to the Benefit Provisions of Your Certificate.

NONFORFEITURE BENEFIT

The Benefit

This provides a continuation of Your Coverage if Your Coverage terminates due to non-payment of premium (lapse) before the Coverage Maximum has been exhausted.

Nonforfeiture Allowance

As used below, the Nonforfeiture Allowance is the greater of:

- the sum of all premiums paid for Your Coverage, excluding any waived premiums; or
- the amount equal to one month (30 days) of benefits under the Nursing Facility Benefit that is in effect at the time of lapse.

Conditions

The continuation of Your Coverage is subject to the following conditions:

- This Benefit must have been in force for at least 3 consecutive years when Coverage lapses.
- Your Coverage will be continued under a paid-up status (with no further premium becoming due); subject to all of the terms and conditions of Your Coverage.
- Except as stated below, Your Coverage will have the same Benefits, Deductible or Elimination Period requirements and other payment limits that were in effect at the time of lapse.
- Any Benefit Increases provision that was in effect will no longer apply.

Payment Limitations

Payment under this Benefit ceases when the first of the following occurs:

- the total amount payable under this Benefit equals the Nonforfeiture Allowance; or
- Your Coverage Maximum is exhausted.

When this Rider is in Force

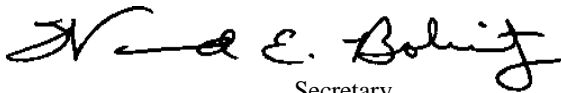
This rider takes effect on the Coverage Effective Date. It continues until terminated. It automatically terminates on the earliest of:

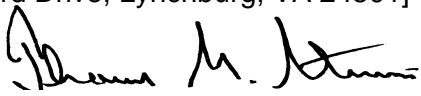
- the date Your Coverage terminates, subject to the provisions of this rider; or
- the last day of the period for which premium for this rider has been paid, in the event You request its termination.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for GENWORTH LIFE INSURANCE COMPANY.

[Administrative Office at 3100 Albert Lankford Drive, Lynchburg, VA 24501]

[
Secretary


President and CEO, Long Term Care Division]

10 YEAR RETURN OF PREMIUM RIDER

This rider is made a part of the Certificate to which it is attached. It is issued in consideration of Your Application and premium payment. It adds the following to the Benefits Provisions of Your Certificate.

10 YEAR RETURN OF PREMIUM ON DEATH BENEFIT

The Benefit

This Benefit provides a return of premium in the event You die:

- while Your Coverage is in force; and
- after Your Coverage has been in force for at least 10 consecutive years.

How Much We Will Pay

We will pay as a return of premium an amount equal to:

- the total amount of earned premiums actually paid (and not waived) for Your Coverage;

REDUCED BY

- the amount of any benefits paid or payable under Your Certificate.

This Benefit will be paid to Your designated beneficiary. If no beneficiary is named or none survives You, this Benefit will be paid to Your estate.

Payment Limitations

We must receive written proof of Your death within one (1) year of Your death.

This Benefit will not be paid if Your Coverage was being continued in force under a Nonforfeiture Benefit.

The payment for any claim We receive after this Benefit has been paid will be reduced by the amount paid under this Benefit.

Notice Regarding Tax Law: Please note that payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.

When this Rider is in Force

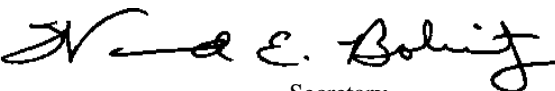
This rider takes effect on the Coverage Effective Date. It continues until terminated. It automatically terminates on the earliest of:

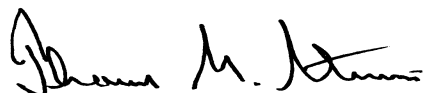
- the date Your Coverage terminates; or
- the date Your Coverage is continued under a Nonforfeiture Benefit; or
- the last day of the period for which premium for this rider has been paid, in the event You request its termination.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for GENWORTH LIFE INSURANCE COMPANY.

[Administrative Office at 3100 Albert Lankford Drive, Lynchburg, VA 24501]

[
Secretary


President and CEO, Long Term Care Division]

SHARED COVERAGE RIDER

This rider is made a part of the Certificate to which it is attached. It is issued in consideration of Your Application and premium payment. It provides for sharing of coverage with a guarantee as stated below.

The Benefit

Subject to the Conditions below, We will automatically continue Your Spouse or Partner's coverage using the remaining Coverage Maximum of Your Certificate when his or her Coverage terminates because the Coverage Maximum of his or her Certificate has been exhausted.

Conditions

Coverage under this rider is subject to all of the following conditions:

- The Certificates You and Your Spouse or Partner have with Us must be identical. This means they must both be covered under the same Group Policy and have the same plans, benefit levels and benefit options.
- You must be named as the Spouse or Partner for Shared Coverage in his or her Certificate; and he or she must be named as the Spouse or Partner for Shared Coverage in Your Certificate.
- Your Certificate will only pay for Covered Expenses Your Spouse or Partner incurs after the date his or her Certificate has exhausted its Coverage Maximum.
- Benefits paid under Your Certificate on behalf of Your Spouse or Partner will be according to the applicable benefits, limits, claims payment provisions and all other provisions of Your Certificate on the date the expense is incurred; and count against the Coverage Maximum of Your Certificate.
- No Deductible or Elimination Period requirement will apply to the continuation of Your Spouse or Partner's Coverage under Your Certificate.
- Continuation of Your Spouse or Partner's Coverage under Your Certificate will terminate when the Coverage Maximum of Your Certificate is exhausted.
- We will give You written notice when Your Spouse or Partner has begun to access benefits under Your Certificate.

Coverage Maximum Transfer To Your Spouse or Partner

The remaining Coverage Maximum of Your Certificate will be added to the Coverage Maximum of Your Spouse or Partner's Certificate if:

- This rider is in force when You die; and
- Your Spouse or Partner's Certificate with a Shared Coverage Rider and identical coverage is in force.

If You die while this rider is in force and Your Spouse or Partner has begun sharing benefits under Your Certificate in accordance with the terms of this rider, he or she may continue coverage under Your Certificate subject to:

- the above Conditions; and
- the timely payment of the premium that would have applied had You: (1) survived; and (2) continued the Certificate and this rider in force.

Guaranteed Minimum Benefit For You

Guaranteed Minimum: 50% of Your Coverage Maximum in effect on the Coverage Effective Date.

To ensure that at least the Guaranteed Minimum is available to pay benefits for You, We will reset Your Coverage Maximum on the date Your Coverage Maximum is exhausted; but only if the total benefits paid or payable for Your Covered Expenses are less than the Guaranteed Minimum.

When this reset occurs:

- Your Coverage Maximum will equal the Guaranteed Minimum reduced by the total benefits paid or payable for Your Covered Expenses.
- Any future Benefit Increases will be based on the reset Coverage Maximum.
- All other benefit limits, terms and conditions will remain the same.
- The Certificate will cover You alone; and this rider will no longer apply.
- Premiums will be as determined for Your Certificate without the cost of this rider.

When This Rider Is In Force

This rider takes effect on the Coverage Effective Date. It can be continued in force by the timely payment of premiums until it terminates.

This rider will automatically terminate on the earlier of:

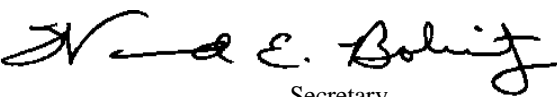
- The date the Certificate terminates or is continued under a Nonforfeiture Benefit.
- The date of death of Your Spouse or Partner.
- The date the identical Shared Coverage Rider on Your Spouse or Partner's Certificate terminates for any reason other than exhausting the Coverage Maximum applicable to his or her Certificate.
- The date We reset Your Coverage Maximum.
- The date the benefit levels and benefit options under the Certificates of both You and Your Spouse or Partner are no longer identical due to a change in coverage elected by either person.
- The last day of the period for which premium for this rider has been paid in the event You request its termination.

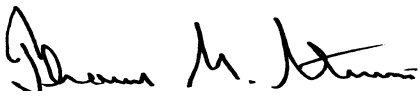
Note: This rider cannot be terminated if Your Spouse or Partner has begun to access benefits under Your Certificate until he or she is no longer eligible for continued benefits under Your Certificate.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for GENWORTH LIFE INSURANCE COMPANY.

[Administrative Office at 3100 Albert Lankford Drive, Lynchburg, VA 24501]

[
Secretary


President and CEO, Long Term Care Division]

SHARED COVERAGE RIDER

This rider is made a part of the Certificate to which it is attached. It is issued in consideration of Your Application and premium payment. It provides for sharing of coverage with a joint waiver of premium and a guarantee as stated below.

The Benefit

Subject to the Conditions below:

- We will automatically continue Your Spouse or Partner's coverage using the remaining Coverage Maximum of Your Certificate when his or her Coverage terminates because the Coverage Maximum of his or her Certificate has been exhausted.
- We will apply the Waiver of Premium Benefit whenever either You or Your Spouse or Partner qualify for its waiver. This includes premium for:
 - Each person's Certificate while both are in force; and
 - Your Certificate when Your Spouse or Partner qualifies for the waiver while continuing Coverage under Your Certificate.

Conditions

Coverage under this rider is subject to all of the following conditions:

- The Certificates You and Your Spouse or Partner have with Us must be identical. This means they must both be covered under the same Group Policy and have the same plans, benefit levels and benefit options.
- You must be named as the Spouse or Partner for Shared Coverage in his or her Certificate; and he or she must be named as the Spouse or Partner for Shared Coverage in Your Certificate.
- Your Certificate will only pay for Covered Expenses Your Spouse or Partner incurs after the date his or her Certificate has exhausted its Coverage Maximum.
- Benefits paid under Your Certificate on behalf of Your Spouse or Partner will be according to the applicable benefits, limits, claims payment provisions and all other provisions of Your Certificate on the date the expense is incurred; and count against the Coverage Maximum of Your Certificate.
- No Deductible or Elimination Period requirement will apply to the continuation of Your Spouse or Partner's Coverage under Your Certificate.
- Continuation of Your Spouse or Partner's Coverage under Your Certificate will terminate when the Coverage Maximum of Your Certificate is exhausted.
- We will give You written notice when Your Spouse or Partner has begun to access benefits under Your Certificate.

Coverage Maximum Transfer To Your Spouse or Partner

The remaining Coverage Maximum of Your Certificate will be added to the Coverage Maximum of Your Spouse or Partner's Certificate if:

- This rider is in force when You die; and
- Your Spouse or Partner's Certificate with a Shared Coverage Rider and identical coverage is in force.

If You die while this rider is in force and Your Spouse or Partner has begun sharing benefits under Your Certificate in accordance with the terms of this rider, he or she may continue coverage under Your Certificate subject to:

- the above Conditions; and
- the timely payment of the premium, if not waived, that would have applied had You: (1) survived; and (2) continued the Certificate and this rider in force.

Guaranteed Minimum Benefit For You

Guaranteed Minimum: 50% of Your Coverage Maximum in effect on the Coverage Effective Date.

To ensure that at least the Guaranteed Minimum is available as benefits for You, We will reset Your Coverage Maximum on the date Your Coverage Maximum is exhausted; but only if the total benefits paid or payable for Your Covered Expenses are less than the Guaranteed Minimum.

When this reset occurs:

- Your Coverage Maximum will equal the Guaranteed Minimum reduced by the total benefits paid or payable for Your Covered Expenses.
- Any future Benefit Increases will be based on the reset Coverage Maximum.
- All other benefit limits, terms and conditions will remain the same.
- The Certificate will cover You alone; and this rider will no longer apply.
- Premiums will be as determined for Your Certificate without the cost of this rider.

When This Rider Is In Force

This rider takes effect on the Coverage Effective Date. It can be continued in force by the timely payment of premiums until it terminates.

This rider will automatically terminate on the earlier of:

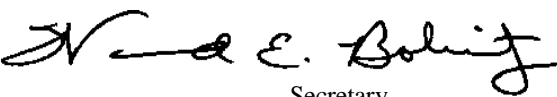
- The date the Certificate terminates or is continued under a Nonforfeiture Benefit.
- The date of death of Your Spouse or Partner.
- The date the identical Shared Coverage Rider on Your Spouse or Partner's Certificate terminates for any reason other than exhausting the Coverage Maximum applicable to his or her Certificate.
- The date We reset Your Coverage Maximum.
- The date the benefit levels and benefit options under the Certificates of both You and Your Spouse or Partner are no longer identical due to a change in coverage elected by either person.
- The last day of the period for which premium for this rider has been paid in the event You request its termination.

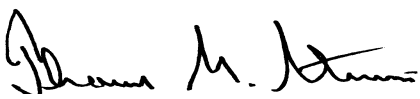
Note: This rider cannot be terminated if Your Spouse or Partner has begun to access benefits under Your Certificate until he or she is no longer eligible for continued benefits under Your Certificate.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for GENWORTH LIFE INSURANCE COMPANY.

[Administrative Office at 3100 Albert Lankford Drive, Lynchburg, VA 24501]

[
Secretary


President and CEO, Long Term Care Division]

JOINT COVERAGE RIDER

This rider is made a part of the Certificate to which it is attached. It is issued in consideration of Your Application and premium payment. It provides for sharing of Coverage with a joint waiver of premium as stated below.

The Benefit

Subject to the Conditions below:

- We will automatically continue Your Spouse's or Partner's coverage using the remaining Coverage Maximum of Your Certificate when his or her Coverage terminates because the Coverage Maximum of his or her Certificate has been exhausted.
- We will apply the Waiver of Premium Benefit whenever either You or Your Spouse or Partner qualify for its waiver. This includes premium for:
 - Each person's Certificate while both are in force; and
 - Your Certificate when Your Spouse or Partner qualifies for the waiver while continuing Coverage under Your Certificate.

Conditions

Coverage under this rider is subject to all of the following conditions:

- The Certificates You and Your Spouse or Partner have with Us must be identical. This means they must both be covered under the same Group Policy and have the same plans, benefit levels and benefit options.
- You must be named as the Spouse or Partner for Joint Coverage in his or her Certificate; and he or she must be named as the Spouse or Partner for Joint Coverage in Your Certificate.
- Your Certificate will only pay for Covered Expenses Your Spouse or Partner incurs after the date his or her Certificate has exhausted its Coverage Maximum.
- Benefits paid under Your Certificate on behalf of Your Spouse or Partner will be according to the applicable benefits, limits, claims payment provisions and all other provisions of Your Certificate on the date the expense is incurred; and count against the Coverage Maximum of Your Certificate.
- No Deductible or Elimination Period requirement will apply to the continuation of Your Spouse's or Partner's Coverage under Your Certificate.
- Continuation of Your Spouse's or Partner's Coverage under Your Certificate will terminate when the Coverage Maximum of Your Certificate is exhausted.
- We will give You written notice when Your Spouse or Partner has begun to access benefits under Your Certificate.

Survivor's Coverage Options

If You die while this rider is in force and Your surviving Spouse or Partner has begun sharing Coverage under Your Certificate, he or she may continue Coverage under Your Certificate.

If your Spouse or Partner chooses this option, the premium will be the surviving Spouse's or Partner's Certificate premium in effect on the date his or her Certificate exhausted its Coverage Maximum, less the cost of the Joint Coverage Rider, increased by 25%.

If Your Spouse or Partner dies while this rider is in force, You have the option to increase Your Coverage Maximum by the amount of the unused Coverage Maximum of Your Spouse's or Partner's Certificate on the date of death. If You choose this option, the premium for Your Certificate, less the cost of this rider, will be increased by 25%.

NOTE:

To exercise either option You or Your surviving Spouse or Partner must provide proof of death acceptable to Us and payment of the required premium.

When This Rider Is In Force

This rider takes effect on the Coverage Effective Date. It can be continued in force by the timely payment of premiums until it terminates.

This rider will automatically terminate on the earlier of:

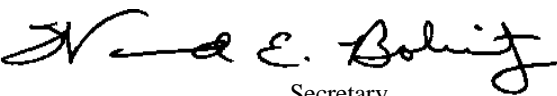
- The date the Certificate terminates or is continued under a Nonforfeiture Benefit.
- The date of Your death, unless Your Spouse or Partner has begun sharing benefits under Your Certificate.
- The date the identical Joint Coverage Rider on Your Spouse's or Partner's Certificate terminates for any reason other than death or exhaustion of the Coverage Maximum applicable to his or her Certificate.
- The date the benefit levels and benefit options under the policies of both You and Your Spouse or Partner are no longer identical due to a change in coverage elected by either person.
- The last day of the period for which premium for this rider has been paid in the event You request its termination.

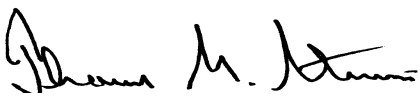
Note: This rider cannot be terminated if Your Spouse or Partner has begun to access benefits under Your Certificate until he or she is no longer eligible for continued benefits under Your Certificate.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for GENWORTH LIFE INSURANCE COMPANY.

[Administrative Office at 3100 Albert Lankford Drive, Lynchburg, VA 24501]

[
Secretary


President and CEO, Long Term Care Division]

10 YEAR SURVIVORSHIP RIDER

This rider is made a part of the Certificate to which it is attached. It is issued in consideration of Your Application and premium payment. It provides a waiver of premium as stated below.

10 YEAR SURVIVORSHIP BENEFIT

The Benefit

If Your Spouse or Partner dies, Your Coverage will be paid up and no further premium payments will be required for Your Coverage when all of the following Conditions have been met.

Conditions

On the date of Your Spouse or Partner's death:

- both You and Your Spouse or Partner continuously had long term care insurance that :
 - was provided under an individual or group policy issued by Us;
 - was in force, other than under a nonforfeiture benefit, for at least the prior 10 year period; and
 - included a similar 10 Year Survivorship Benefit for the entire 10 year period of concurrent coverage.
- He or she had been Your Spouse or Partner for the entire 10 year period of concurrent coverage.

We must received due written proof of Your Spouse or Partner's death.

This waiver applies to the premium for Your Certificate and all attached riders in force on the date of Your Spouse or Partner's death. This rider will not operate to waive premiums for any benefits or changes added after the death of Your Spouse or Partner.

Note: You must send Us a written request to terminate this rider (and reduce Your future premiums) if:

- Your Spouse or Partner dies;
- You no longer have qualifying concurrent coverage; or
- You wish to terminate this rider for any other reason.

When this Rider is in Force

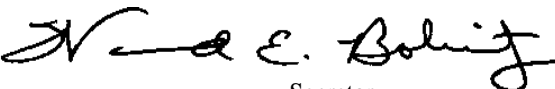
This rider takes effect on the Coverage Effective Date. It continues until terminated. It automatically terminates on the earliest of:

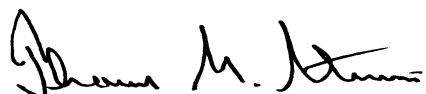
- the date Your Coverage terminates; or
- the date Your Coverage is continued under a Nonforfeiture Benefit; or
- the last day of the period for which premium for this rider has been paid, in the event You request its termination.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for GENWORTH LIFE INSURANCE COMPANY.

[Administrative Office at 3100 Albert Lankford Drive, Lynchburg, VA 24501]

[
Secretary


President and CEO, Long Term Care Division]

10 YEAR SURVIVORSHIP RIDER

This rider is made a part of the Certificate to which it is attached. It is issued in consideration of Your Application and premium payment. It provides a waiver of premium as stated below.

10 YEAR SURVIVORSHIP BENEFIT

The Benefit

If Your Spouse or Partner dies, Your Coverage will be paid up and no further premium payments will be required for Your Coverage when all of the following Conditions have been met.

Conditions

On the date of Your Spouse or Partner's death:

- both You and Your Spouse or Partner continuously had long term care insurance that :
 - was provided under an individual or group policy issued by Us;
 - was in force, other than under a nonforfeiture benefit, for at least the prior 10 year period; and
 - included a similar 10 Year Survivorship Benefit for the entire 10 year period of concurrent coverage.
- He or she had been Your Spouse or Partner for the entire 10 year period of concurrent coverage.

This Benefit will not apply if long term care benefits were paid or payable by Us for either person for any period during the first 10 years of such concurrent Survivorship Benefit coverage.

We must received due written proof of Your Spouse or Partner's death.

This waiver applies to the premium for Your Certificate and all attached riders in force on the date of Your Spouse or Partner's death. This rider will not operate to waive premiums for any benefits or changes added after the death of Your Spouse or Partner.

Note: You must send Us a written request to terminate this rider (and reduce Your future premiums) if:

- Your Spouse or Partner dies;
- You no longer have qualifying concurrent coverage; or
- You wish to terminate this rider for any other reason.

When this Rider is in Force

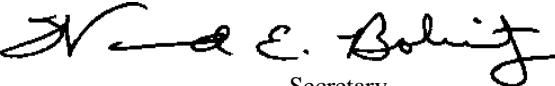
This rider takes effect on the Coverage Effective Date. It continues until terminated. It automatically terminates on the earliest of:

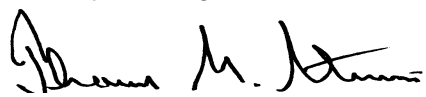
- the date Your Coverage terminates; or
- the date Your Coverage is continued under a Nonforfeiture Benefit; or
- the last day of the period for which premium for this rider has been paid, in the event You request its termination or a benefit has become payable for any period during the first 10 years of concurrent Survivorship Benefit coverage.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for GENWORTH LIFE INSURANCE COMPANY.

[Administrative Office at 3100 Albert Lankford Drive, Lynchburg, VA 24501]

[
Secretary


President and CEO, Long Term Care Division]

7 YEAR SURVIVORSHIP RIDER

This rider is made a part of the Certificate to which it is attached. It is issued in consideration of Your Application and premium payment. It provides a waiver of premium as stated below.

7 YEAR SURVIVORSHIP BENEFIT

The Benefit

If Your Spouse or Partner dies, Your Coverage will be paid up and no further premium payments will be required for Your Coverage when all of the following Conditions have been met.

Conditions

On the date of Your Spouse or Partner's death:

- both You and Your Spouse or Partner continuously had long term care insurance that :
 - was provided under an individual or group policy issued by Us;
 - was in force, other than under a nonforfeiture benefit, for at least the prior 7 year period; and
 - included a similar 7 Year Survivorship Benefit for the entire 7 year period of concurrent coverage.
- He or she had been Your Spouse or Partner for the entire 7 year period of concurrent coverage.

We must received due written proof of Your Spouse or Partner's death.

This waiver applies to the premium for Your Certificate and all attached riders in force on the date of Your Spouse or Partner's death. This rider will not operate to waive premiums for any benefits or changes added after the death of Your Spouse or Partner.

Note: You must send Us a written request to terminate this rider (and reduce Your future premiums) if:

- Your Spouse or Partner dies;
- You no longer have qualifying concurrent coverage; or
- You wish to terminate this rider for any other reason.

When this Rider is in Force

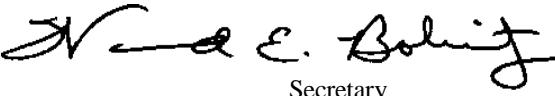
This rider takes effect on the Coverage Effective Date. It continues until terminated. It automatically terminates on the earliest of:

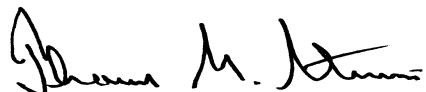
- the date Your Coverage terminates; or
- the date Your Coverage is continued under a Nonforfeiture Benefit; or
- the last day of the period for which premium for this rider has been paid, in the event You request its termination.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for GENWORTH LIFE INSURANCE COMPANY.

[Administrative Office at 3100 Albert Lankford Drive, Lynchburg, VA 24501]

[
Secretary


President and CEO, Long Term Care Division]

RESTORATION RIDER

This rider is made a part of the Certificate to which it is attached. It is issued in consideration of Your Application and premium payment. It adds the following to the Benefits Provisions of Your Certificate.

RESTORATION BENEFIT

The Benefit

Under this Benefit We will increase the amount of Your unused Coverage Maximum if, after receiving benefits, You Fully Recover from being Chronically Ill, as described below.

Definitions

Fully Recover means that for a period of 180 consecutive days:

- Your Coverage has been continuously in force on a premium paying basis;
- You have neither required, nor received, care or services that would qualify as Covered Care;
- You have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and
- You have not had Severe Cognitive Impairment.

To verify that You have Fully Recovered, You must give Us the right, at Our expense, to:

- obtain copies of Your medical records and care notes;
- interview You and Your care providers and Licensed Health Care Practitioners;
- perform on-site nursing, functional and/or cognitive assessments; and
- require a physical examination.

Restoration means that We will increase the amount in Your unused Coverage Maximum by the amount of benefits previously paid for Your Covered Expenses that was not previously restored.

Payment Limitations

This Restoration will apply only to Your Coverage Maximum. No other Benefit payment limit will be changed.

This Restoration will not apply when Your Coverage is in force under a Nonforfeiture Benefit.

When this Rider is in Force

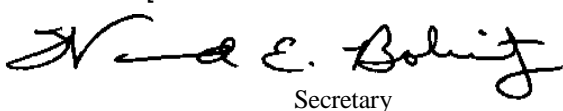
This rider takes effect on the Coverage Effective Date. It continues until terminated. It automatically terminates on the earliest of:

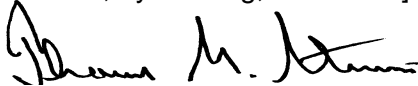
- the date Your Coverage terminates;
- the date Your Coverage is continued under a Nonforfeiture Benefit; or
- the last day of the period for which premium for this rider has been paid, in the event You request its termination.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for GENWORTH LIFE INSURANCE COMPANY.

[Administrative Office at 3100 Albert Lankford Drive, Lynchburg, VA 24501]

[]
Secretary


President and CEO, Long Term Care Division]

TO AGE 65 PREMIUM PAYMENT RIDER

This rider is a made part of the Certificate to which it is attached. It is issued in consideration of Your Application and premium payment. It adds the following provisions to Your Certificate.

Paid-Up Feature – After Age 65

If You pay all required premiums as they become due, Your Certificate will be paid-up and no future premium payments will be required as of the anniversary of Your Coverage Effective Date on which You are 65 years of age. We do, however, have the right to increase premiums that become due prior to the date Your Certificate becomes paid-up. If Your Certificate includes Benefit Increases without additional premium, those increases will continue as scheduled, beyond the paid-up date without requiring additional premium payments.

Limited Pay Contingent Nonforfeiture Benefit

We will do all of the following if: (1) Your premiums have been paid for at least 40% of the number of months in the premium payment period; and (2) there is a substantial increase in premiums, as determined below:

- Offer to reduce Your current level of coverage without proof of insurability so that the required premium rates for Your Coverage are not increased;
- Offer to convert Your Coverage to a paid-up status with a Reduced Benefits Plan, as described below. This option may be elected at any time during the 120-day period following the date of the premium rate increase; and
- Notify You that a default or lapse at any time during the 120-day period following the date of the premium increase will be deemed to be the election to convert to the nonforfeiture option which provided the greatest remaining Coverage Maximum. A default or lapse is Your failure to pay the required premiums within the Grace Period.

Triggers Indicating A Substantial Premium Increase

<u>Issue Age</u>	<u>Increase Over Initial Premium</u>
Under 65	50%
65-80	30%
Over 80	10%

Reduced Benefits Plan: When converted in accordance with the above, Your Coverage will continue automatically with reduced benefit payment maximums. It will have the same Benefits and Elimination Period (if any) that were in effect at the time of lapse or election to convert. The remaining Coverage Maximum, Nursing Facility Maximum, Deductible (if any) and payment limits for each benefit will be reduced to an amount equal to (a) multiplied by (b), where:

- (a) is ninety percent (90%) of the respective amounts in effect immediately prior to the lapse; and
- (b) is the ratio of the number of completed months of paid premiums divided by the number of months in the premium payment period.

The amount of any Benefit Increases will be reduced in the same manner. There will be no reduction in Your Coverage Maximum if it is "Unlimited".

Payment Limitations: The above future Benefit will not apply if Your Coverage is continued in accordance with any other Nonforfeiture Benefit.

When this Rider is in Force

Unless added at a later date, this rider takes effect on the Coverage Effective Date. It continues as long as the required premium has been paid on time.

This rider will automatically terminate on the earliest of:

- the date Your Coverage terminates;
- the date Your Coverage is continued under a Nonforfeiture Benefit; or
- the last day of the period for which premium for this rider have been paid, in the event You request its termination.

Note: If You switch to another premium paying mode there will be no offset, adjustment or refund of any accelerated premiums paid under this rider.

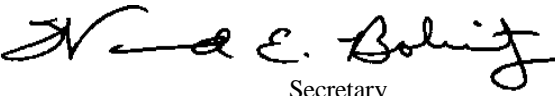
Important Note Regarding Tax Law

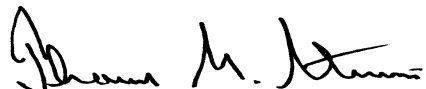
Premiums paid under this Paid-Up Feature may have different tax implications than premiums paid under other payment methods. You are advised to review this feature with a qualified tax professional to determine any such tax impact.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for GENWORTH LIFE INSURANCE COMPANY.

[Administrative Office at 3100 Albert Lankford Drive, Lynchburg, VA 24501]

[
Secretary


President and CEO, Long Term Care Division]

10 YEAR PREMIUM PAYMENT RIDER

This rider is made a part of the Certificate to which it is attached. It is issued in consideration of Your Application and premium payment. It adds the following provisions to Your Certificate.

Paid-Up Feature – After 10 Years

If You pay all required premiums as they become due, Your Certificate will be paid-up and no future premium payments will be required after this rider has been continuously in force for 10 years. We have the right to increase premiums that become due prior to the date Your Certificate becomes paid-up. If Your Certificate includes Benefit Increases without additional premium, those increases will continue as scheduled, beyond the paid-up date without requiring additional premium payments.

Limited Pay Contingent Nonforfeiture Benefit

We will do all of the following if: (1) Your premiums have been paid for at least 40% of the number of months in the premium payment period; and (2) there is a substantial increase in premiums, as determined from the table below:

- Offer to reduce Your current level of coverage without proof of insurability so that the required premium rates for Your Coverage are not increased;
- Offer to convert Your Coverage to a paid-up status with a Reduced Benefits Plan, as described below. This option may be elected at any time during the 120-day period following the date of the premium rate increase; and
- Notify You that a default or lapse at any time during the 120-day period following the date of the premium increase will be deemed to be the election to convert to the nonforfeiture option which provided the greatest remaining Coverage Maximum. A default or lapse is Your failure to pay the required premiums within the Grace Period.

Triggers Indicating A Substantial Premium Increase

<u>Issue Age</u>	<u>Increase Over Initial Premium</u>
Under 65	50%
65-80	30%
Over 80	10%

Reduced Benefits Plan: When converted in accordance with the above, Your Coverage will continue with reduced benefit payment maximums. It will have the same Benefits and Elimination Period (if any) that were in effect at the time of lapse or election to convert. The remaining Coverage Maximum, Nursing Facility Maximum, Deductible (if any) and payment limits for each benefit will be reduced to an amount equal to (a) multiplied by (b), where:

- (a) is ninety percent (90%) of the respective amounts in effect immediately prior to the lapse; and
- (b) is the ratio of the number of completed months of paid premiums divided by the number of months in the premium payment period.

The amount of any future Benefit Increases will be reduced in the same manner. There will be no reduction in Your Coverage Maximum if it is "Unlimited".

Payment Limitations: The above Benefit will not apply if Your Coverage is continued in accordance with any other Nonforfeiture Benefit.

When this Rider is in Force

Unless added at a later date, this rider takes effect on the Coverage Effective Date. It continues as long as the required premium has been paid on time.

This rider will automatically terminate on the earliest of:

- the date Your Coverage terminates;
- the date Your Coverage is continued under a Nonforfeiture Benefit; or
- the last day of the period for which premium for this rider have been paid, in the event You request its termination.

Note: If You switch to another premium paying mode there will be no offset, adjustment or refund of any accelerated premiums paid under this rider.

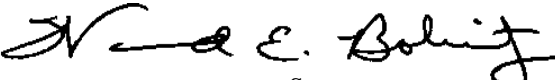
Note Regarding Tax Law

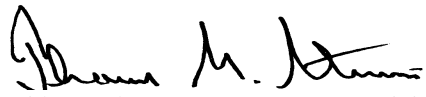
Premiums paid under this Paid-Up Feature may have different tax implications than premiums paid under other payment methods. You are advised to review this feature with a qualified tax professional to determine any such tax impact.

In all other respects the provisions and conditions of the Certificate remain the same.

Signed for GENWORTH LIFE INSURANCE COMPANY.

[Administrative Office at 3100 Albert Lankford Drive, Lynchburg, VA 24501]

[
Secretary


President and CEO, Long Term Care Division]

GENWORTH LIFE INSURANCE COMPANY

[Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501 Phone: 888-325-5433]

Application for Group Long Term Care Insurance

Application is made to Genworth Life Insurance Company (the Company) for a Group Long Term Care Insurance Policy to cover eligible persons based on the following statements and representations.

Applicant Information

Group Policy Number : _____

Applicant: _____
(Full Legal Name of Policyholder)

Number of Eligible [Employees]: _____ Requested Effective Date: _____
[(other than Eligible Family Members)]

Address: _____ City, State, Zip Code: _____
(determines Situs)

Billing Address: _____ City, State, Zip Code: _____

Nature of Business: _____ Taxpayer ID # _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

Indicate the Applicant's election of the following optional offers. Declinations must be signed.

Nonforfeiture Benefit: ☐ Eligible Person's choice ☐ Include for all Eligible Persons

☐ Decline: Benefits and costs of this optional benefit have been reviewed. Do not include the Nonforfeiture Benefit.

Signature: X _____

5% Compound Benefit Increases Option:

☐ Eligible Person's choice ☐ Include for all Eligible Persons

☐ Decline: The outline of coverage and the graphs that compare the benefits and premiums of the coverage with and without inflation protection have been reviewed. Specifically, I have reviewed the 5% Compound Benefit Increases option, and reject that option.

Signature: X _____

[For any insurance paid in part, or wholly, by the Insured, the Applicant will support enrollment activities and allow all eligible persons an opportunity to enroll. No brochures or any material referencing the requested insurance will be published without the prior written approval of the Company.]

[Minimum Participation Requirements: Applicant understands that the Group Policy will not take effect unless, [at least/the lesser of [3-10] or [5 - 20%] of eligible employees] are enrolled on the effective date.]

[Coverage Limits: Applicant understands that Coverage for an eligible person is subject to the Company's maximum issue limits.]

Applicant agrees to be bound by and accepts the terms and conditions of the Group Policy identified above. Applicant represents that, to the best of its knowledge and belief, all information provided above is true and complete.

Signed for the Applicant at _____ on _____
Situs Jurisdiction Date

by _____
Signature of Authorized Officer of Applicant Title

Signed by Producer/Licensed Resident Agent (Where Required by Law)



Genworth®
Financial

Administrative office:
[Genworth Life]
[3100 Albert Lankford Drive
Lynchburg, VA 24501
genworth.com]

Application For Long Term Care Insurance

underwritten by Genworth Life Insurance Company

[Page X of X]

Please print all answers in black ink.

A. Personal profile

[This application is for employees that are actively at work.]

Select one

☐ Mr.

☐ Mrs.

☐ Miss

☐ Ms.

☐ Other title

Applicant Name

.

Select one

☐ Married/Legal Couple

☐ Single

☐ Widowed

Employee ID Number *If applicable*

.

Social Security Number

Email address

.

Birth date *mm/dd/yyyy*

Age

Birthplace State

☐ Male

☐ Female

Daytime phone

Evening phone

Best time to call

.

.

.

am/pm

Resident street address *Cannot be a P.O. box*

.

City

State

Zip

.

.

.

Mailing address *If different from resident address*

.

City

State

Zip

.

.

.

[I am eligible as an:] ☐ Employee]

☐ Spouse/Partner] ☐ Other

.

Application For Long Term Care Insurance

[Page **X** of X]

Applicant Name *Print*

B. Insurability profile

1. Within the past 12 months, have you used or been advised by a Healthcare Professional to use any of the following: ☐ Yes ☐ No

- Assistance or supervision with Moving in/out of a bed or chair, Bathing, Dressing, Eating, Toileting, Bowel or Bladder Control, Walking, or Managing Medications;
- Home Health Care, Adult Day Care Services, or care in a Nursing Home, Assisted Living Facility, or any other Long Term Care Facility; or
- A Walker, Wheelchair, Quad Cane, Motorized Scooter, Hospital Bed, Oxygen, or Kidney Dialysis?

2. Do you have or have you ever been diagnosed by a Healthcare Professional as having any of the following: ☐ Yes ☐ No

- | | |
|---|--|
| <ul style="list-style-type: none">• Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or positive Human Immunodeficiency Virus (HIV) test• Amyotrophic Lateral Sclerosis (ALS also called Lou Gehrig's Disease)• Alzheimer's Disease• Cancer of the following within the past 4 years: Bone, Brain, Esophagus, Liver, Lung, Ovary, Pancreas or Stomach• Cirrhosis of the Liver• Congestive Heart Failure (CHF)• Cystic Fibrosis• Dementia• Diabetes under treatment with insulin or with a history of Transient Ischemic Attack (TIA), Heart Disease, or Circulatory/Vascular Disease | <ul style="list-style-type: none">• Frequent or persistent forgetfulness or memory loss• Huntington's Chorea• Metastatic Cancer (cancer that has spread from its original site)• Multiple Sclerosis (MS)• Muscular Dystrophy• Organ Transplant, other than Kidney or Cornea• Organic Brain Syndrome• Parkinson's Disease• Senility• Schizophrenia or other forms of Psychosis• Stroke• Transient Ischemic Attack (TIA) within the past 5 years or more than one TIA |
|---|--|

Before you continue with this application: If you answered YES to question 1 or 2, do not submit this application. If you answered NO to both questions, please continue.

3. Height *Feet and inches*

Weight *Pounds*

Application For Long Term Care Insurance

[Page **X** of X]

Applicant Name *Print*

.

C. Other Coverage and replacement

4. Do you have any accident and sickness or long term care, nursing home, or home health care insurance policy or certificate (including health care service contract, health maintenance organization contract, or life insurance with long term care Coverage) in force or applied for? ☐ Yes ☐ No
If YES, provide DETAILS below.

Company Name

Daily/Monthly benefit

.

\$

Is it a Long Term Care policy/certificate?

☐ Yes

☐ No

5. Do you have Long Term Care Insurance Coverage with us?
If YES, list policy/certificate number(s).

☐ Yes

☐ No

.

6. Did you have another long term care, nursing home, or home health care insurance policy/certificate in force during the last 12 months?
If YES, with which company?

☐ Yes

☐ No

.

If that insurance lapsed, when did it lapse?

.

7. Do you intend to replace any of your long term care, medical, or health insurance with this Coverage?
If YES, name company being replaced.

☐ Yes

☐ No

.

8. Are you covered by Medicaid (not the same as Medicare)?

☐ Yes

☐ No

D. Protection against unintentional lapse

You **must** make one selection.

I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long term care insurance for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid.

☐ I elect NOT to designate any person to receive such notice.

☐ I designate the following person to receive notice prior to cancellation of my Coverage for nonpayment of premium.

Name

Relationship to applicant

.

.

Phone

.

Address

.

City

State

Zip

.

.

.

If you designate a person to receive notice prior to cancellation, we recommend someone other than a spouse or agent/producer.

Application For Long Term Care Insurance

[Page X of X]

Applicant Name *Print*

E. Declarations

No agent is authorized to change, waive, or alter the terms and conditions of this application; accept risks; pass upon insurability; make or modify contracts; or waive any of Genworth Life's rights or requirements.

[Rejection of 5% Compound Benefit Increases inflation protection:

Check circle **only** if you have selected a benefit increase option other than 5% Compound Benefit Increases.

- ☐ I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this Coverage with and without inflation protection. Specifically, I have reviewed the Benefit Increase options available, and I reject inflation protection of at least 5% Compound Benefit Increases.]

[Rejection of optional Nonforfeiture Benefit Rider:

Check circle **only** if you have declined this rider

- ☐ I have reviewed the Outline of Coverage and compared the benefits and premiums of this Coverage with and without the Nonforfeiture Benefit Rider, and I reject this Rider.]

Receipt of disclosures

I have received and read the Privacy Notice. When I applied for this Coverage to be issued by Genworth Life Insurance Company, I received the Outline of Coverage (called Disclosure Form in some states) and the applicable Shopper's or Buyer's Guide, the Potential Rate Increase Disclosure, Suitability Disclosure and Personal Worksheet.

Agreement

I represent and agree that:

1. The answers contained in this application and any attachments are full, complete and true to the best of my knowledge and belief; and
2. This application will be part of the Coverage for which I am applying; and
3. If my application is approved by the Company, the effective date of my Coverage will be determined in accordance with the terms of the Group Policy, including any applicable Actively at Work requirements. I also understand and agree that no insurance will be in effect pursuant to this application unless the Group Policy is in effect, and there has been no change in my health that would change the answer to any of the questions in this application.
4. If there is any change in my health that would change my answers while this application is pending, I will notify the Company of such change.

I have read the above statements or they have been read to me. I understand that my answers form the basis of my Coverage under the Group Policy. I understand that any misstatements or failure to report information that is material to the issuance of Coverage may be used as a basis for rescission of this Coverage and/or denial of payment of a claim.

[Actively at work]representation

Check circle

- ☐ I certify that [I am an actively at work employee. I understand that Coverage will not go into effect for me unless I am Actively at Work for the prior 30 calendar day period. Actively at Work means I am an employee who is performing the usual duties of my job at my usual place of work as required by my employer on a [full-time basis at least 30 hours each week.] I will be considered Actively at Work while on employer approved vacations, holidays and regularly scheduled days off, or during temporary business closures. I will not be considered Actively at Work if I am unable to perform my usual duties due to a sickness, accident or injury or if I am on a leave of absence, a sabbatical or retired from the same employer.]

Fraud warning

Any person who knowingly, and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto, commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

Caution

If your answers on this application are incorrect or untrue, Genworth Life may have the right to deny benefits or rescind your Coverage, subject to the Misstatement/Incontestability provisions of the Group Policy.

Signature(s)

Signature of Applicant

Date signed

X

.

[Signature of Licensed and Appointed Insurance Producer/Agent/Representative *If applicable*

Date signed

X

.

]

APPLICATION

★ For Insurance ★

Genworth Life Insurance Company [Administrative Office: 3100 Albert Lankford Dr., Lynchburg, VA 24501]

A. INSURABILITY PROFILE

Applicant A			Applicant B	
YES	NO		YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	1. Are you covered by Medicaid (<u>not</u> the same as Medicare)?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	2A. Do you use a Walker, Wheelchair or Quad Cane; Hospital Bed; Oxygen, Respirator or Kidney Dialysis; or need assistance or supervision by another person in performing any of the following: Moving in/out of bed or chair, Bathing, Dressing, Eating, Toileting, Bowel/Bladder control, or Walking?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	B. Have you been advised to: receive home care, use an adult day care facility, enter a nursing home, enter an assisted care facility, or enter any other long term care facility?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you had, do you currently have, or have you ever been medically diagnosed as having any of the following: •ALS (Lou Gehrig's disease) •Alzheimer's Disease •Congestive Heart Failure (CHF) <i>in combination</i> with any of the following: Heart Attack or Angina; Emphysema/Chronic Obstructive Pulmonary Disease (COPD); Angioplasty or Heart Surgery; Asthma or Chronic Bronchitis •Cirrhosis of the Liver •Cystic Fibrosis •Dementia •Diabetes under treatment with Insulin or with a history of TIA, Heart Disease, or Circulatory/Vascular Disease •Frequent or persistent forgetfulness or memory loss •Huntington's Chorea •Metastatic Cancer (spread from original site/location) •Multiple Sclerosis (MS) •Muscular Dystrophy •Organic Brain Syndrome •Parkinson's Disease •Senility •Stroke •Transient Ischemic Attack (TIA) within the past 5 years •TIA <i>in combination</i> with Diabetes or Heart Surgery •TIA two or more times	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4. In the past 4 years have you had Cancer of the: Bone, Brain, Esophagus, Liver, Lung, Ovary, Pancreas, or Stomach?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5. Have you ever been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) caused by the Human Immunodeficiency Virus (HIV) infection, or other sickness or condition derived from such infection, or tested positive for HIV or exposure to the HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE BEFORE YOU CONTINUE WITH THIS APPLICATION: If you answered YES to any of the questions in Part A, we suggest that you do not submit this application. If you answered NO to every question, please continue.

B. PERSONAL PROFILE

Print clearly - Use black ink

[APPLICANT A]

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other Title: _____

Name _____
(As it should appear on your Coverage documents)

☐ Married/Legal Couple ☐ Single ☐ Widowed

Social Security Number _____

[Employee/Member ID] Number _____

[Employer/Group Name] _____

Birthdate _____ Age _____ Birthplace (state) _____

☐ Male ☐ Female Height: ft. _____ in. _____ Weight: lbs. _____

Daytime Phone (_____) _____

Evening Phone (_____) _____

Best time to call _____ ☐ a.m. ☐ p.m.

E-mail address _____

I am eligible as: ☐ [Actively at work Employee/Member] ☐ [Spouse/Partner]
☐ [Other _____]

Resident Address _____
(Street Address Only, No P.O. Boxes -- Your Coverage will be issued based on this address.)

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

[APPLICANT B]

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other Title: _____

Name _____
(As it should appear on your Coverage documents)

☐ Married/Legal Couple ☐ Single ☐ Widowed

Social Security Number _____

[Employee/Member ID] Number _____

[Employer/Group Name] _____

Birthdate _____ Age _____ Birthplace (state) _____

☐ Male ☐ Female Height: ft. _____ in. _____ Weight: lbs. _____

Daytime Phone (_____) _____

Evening Phone (_____) _____

Best time to call _____ ☐ a.m. ☐ p.m.

E-mail address _____

I am eligible as: ☐ [Actively at work Employee/Member] ☐ [Spouse/Partner]
☐ [Other _____]

C. MEDICAL PROFILE

[Applicant A] **6.** In the past 5 years (10 years for Cancer) have you: received medical advice or treatment; been medically diagnosed; or consulted with a health professional for any of the following conditions? [Applicant B]
 [YES NO] If 'YES,' please check appropriate boxes [for *each applicant (A and B)*] and explain under the **DETAILS** section. [YES NO]
☐ ☐ ☐ ☐

[A]	[B]	[A]	[B]	[A]	[B]
<input type="checkbox"/> Alcoholism	<input type="checkbox"/>	<input type="checkbox"/> Epilepsy, Seizures, or Convulsions	<input type="checkbox"/>	<input type="checkbox"/> Myasthenia Gravis	<input type="checkbox"/>
<input type="checkbox"/> Amputation	<input type="checkbox"/>	<input type="checkbox"/> Fainting Spells or Blacking Out	<input type="checkbox"/>	<input type="checkbox"/> Organ Transplant	<input type="checkbox"/>
<input type="checkbox"/> Angioplasty or Heart Surgery	<input type="checkbox"/>	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/>	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/>
<input type="checkbox"/> Asthma or Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> Heart Attack, Angina or Atrial Fibrillation	<input type="checkbox"/>	<input type="checkbox"/> Post-Polio Syndrome	<input type="checkbox"/>
<input type="checkbox"/> Brain Disorder	<input type="checkbox"/>	<input type="checkbox"/> Hodgkin's Disease	<input type="checkbox"/>	<input type="checkbox"/> Paralysis	<input type="checkbox"/>
<input type="checkbox"/> Cancer (excl. Basal Cell of the Skin)	<input type="checkbox"/>	<input type="checkbox"/> Immune System Disorders	<input type="checkbox"/>	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/>
<input type="checkbox"/> Carotid or other Arterial Surgery	<input type="checkbox"/>	<input type="checkbox"/> Injury due to Falls or Imbalance	<input type="checkbox"/>	<input type="checkbox"/> Scleroderma	<input type="checkbox"/>
<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/>	<input type="checkbox"/> Joint Replacement Surgery	<input type="checkbox"/>	<input type="checkbox"/> Skin Ulcers	<input type="checkbox"/>
<input type="checkbox"/> CREST Syndrome	<input type="checkbox"/>	<input type="checkbox"/> Kidney Failure	<input type="checkbox"/>	<input type="checkbox"/> Tremor	<input type="checkbox"/>
<input type="checkbox"/> Depression	<input type="checkbox"/>	<input type="checkbox"/> Leukemia	<input type="checkbox"/>	<input type="checkbox"/> Other Conditions Causing Crippling or Limited Motion, or Requiring Adaptive Devices	<input type="checkbox"/>
<input type="checkbox"/> Diabetes not treated with Insulin	<input type="checkbox"/>	<input type="checkbox"/> Lupus	<input type="checkbox"/>		
<input type="checkbox"/> Disabling Back or Spine Condition	<input type="checkbox"/>	<input type="checkbox"/> Mental Illness	<input type="checkbox"/>		
<input type="checkbox"/> Drug Addiction	<input type="checkbox"/>	<input type="checkbox"/> Mental Retardation	<input type="checkbox"/>		
<input type="checkbox"/> Emphysema/COPD	<input type="checkbox"/>	<input type="checkbox"/> Multiple Myeloma	<input type="checkbox"/>		

If you need more space to answer the following questions, please use the **DETAILS** section.

[Applicant A]	[Applicant B]
[YES NO]	[YES NO]
<input type="checkbox"/> <input type="checkbox"/> 7. Within the past 5 years, have you:	
<input type="checkbox"/> <input type="checkbox"/> A. Smoked or used other tobacco products?	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> B. Required assistance with managing medications, shopping, using transportation, or housekeeping/cooking? If YES to any, please explain.	<input type="checkbox"/> <input type="checkbox"/>
[Applicant A B] Type of assistance Reason	
<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> C. Received home health care; used an adult day care facility; been confined to a nursing home, assisted care facility, or other long term care facility? If YES to any, please explain.	<input type="checkbox"/> <input type="checkbox"/>
[Applicant A B] Date Reason	
<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> D. Been medically advised to have surgery which has not been performed? If YES, please explain (including dates of scheduled surgeries).	<input type="checkbox"/> <input type="checkbox"/>
[Applicant A B] Date Surgery Type Reason	
<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> E. Received Social Security Disability Insurance benefits?	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> F. Taken any prescription medications for High Blood Pressure and/or any form of Arthritis? If YES, list each medication and why it's needed.	<input type="checkbox"/> <input type="checkbox"/>
[Applicant A B] Medication Why needed?	
<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> _____	

Print Name of Applicant[A] _____ [Print Name of Applicant B _____]

[Applicant A YES NO] [Applicant B YES NO]

8. Within the past 2 years, have you:

- ☐ ☐ A. Received Disability Income, Worker's Compensation, or any state disability benefit? ☐ ☐
- ☐ ☐ B. Had another Long Term Care insurance application denied by us or any other company? *If YES, by what company?* ☐ ☐
- [Applicant A Company: _____] [Applicant B Company: _____]

9. Within the past 3 years have you:

- ☐ ☐ A. Taken *any* prescription medications (not previously listed in this application)? ☐ ☐
- If YES, list each medication and why it's needed.*
- | [Applicant A YES NO] | [Applicant B YES NO] | Medication | Why needed? |
|---|---|------------|-------------|
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |

- ☐ ☐ B. Been medically advised to enter or been confined to a hospital or other health care facility? ☐ ☐
- If YES, please explain (including dates and reasons).*

[Applicant A YES NO]	[Applicant B YES NO]	Date	Facility	Reason
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____

10A. Who is your primary care physician with most of your medical records?

[Applicant A]	[Applicant B]
Doctor's Name _____	Doctor's Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone No. _____	Phone No. _____
Date last seen (Mo/Day/Yr) _____	Date last seen (Mo/Day/Yr) _____
Reason Last Seen _____	Reason Last Seen _____

- ☐ ☐ B. Within the past 3 years have you consulted with or been treated by a licensed health care provider, ***other than your primary care doctor*** for any reason excluding eye doctors, podiatrists, and dentists? ☐ ☐
- If YES, please complete the following.*

[Applicant A YES NO]	[Applicant B YES NO]	Physician's Name	City, State	Specialty	Reasons Consulted/Treated	Date(s)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	_____

D. DETAILS

Provide condition, reason consulted/treated, dates from/to, and name, address and phone # of Health Care Professional/Facility. For medications, please provide only the name and reason for taking. Include the question number for the details being provided.

[Applicant A]

Ques.#

[Applicant B]

Ques.#

E. FAMILY HISTORY PROFILE

[Applicant A]				[Applicant B]		
YES	NO	UNKNOWN		YES	NO	UNKNOWN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11A. Is your mother living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. What is your mother's current age, or her age at death?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Did/Does your mother have any of the following illnesses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Coronary Artery Disease or any other form of Vascular Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Alzheimer's or any other form of Dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12A. Is your father living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. What is your father's current age, or his age at death?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Did/Does your father have any of the following illnesses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Coronary Artery Disease or any other form of Vascular Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Alzheimer's or any other form of Dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. APPLICANT PROFILE

[Applicant A]			[Applicant B]	
YES	NO		YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	13A. Do you work 20 or more hours a week outside your home? <i>If YES, list occupation.</i> [Applicant A] Occupation: _____ [Applicant B] Occupation: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	B. Do you perform volunteer work? <i>If YES, list type of work and list hours worked per week.</i> [Applicant A] Type of work: _____ hrs/week [Applicant B] Type of work: _____ hrs/week	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	C. Do you have any hobbies, interests, or participate in any outside activities on a regular basis? <i>If YES, please describe.</i> [Applicant A] Activities: _____ [Applicant B] Activities: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you drive an automobile? <i>If YES, provide approximate annual mileage:</i> [Applicant A] Mileage: _____ [Applicant B] Mileage: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	15. Do you live in some form of a residential retirement community? <i>If YES, list the specific services that are received (e.g., housekeeping, laundry, meals):</i> [Applicant A] Services: _____ [Applicant B] Services: _____	<input type="checkbox"/>	<input type="checkbox"/>

G. OTHER COVERAGE AND REPLACEMENT

	[Applicant A YES NO <input type="checkbox"/> <input type="checkbox"/>		[Applicant B YES NO <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>	16A. Do you have any accident and sickness or Long Term Care, Nursing Home, or Home Health Care insurance policy or certificate (including health care service contract, health maintenance organization contract, or life insurance with Long Term Care coverage) in force or applied for? <i>If YES, provide DETAILS below.</i> <div style="display: flex; justify-content: space-between;"> <div>[Applicant A] Company: _____</div> <div>[Applicant B] Company: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Long Term Care? <input type="checkbox"/>No <input type="checkbox"/>Yes Daily Benefit: \$ _____</div> <div>Long Term Care? <input type="checkbox"/>No <input type="checkbox"/>Yes Daily Benefit: \$ _____</div> </div>	
	<input type="checkbox"/> <input type="checkbox"/>	B. If you have Long Term Care Insurance coverage with us, please list policy/certificate number(s): <div style="display: flex; justify-content: space-between;"> <div>[Applicant A] Policy/certificate number(s): _____</div> <div>[Applicant B] Policy/certificate number(s): _____</div> </div>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>	C. Did you have another Long Term Care, Nursing Home, or Home Health Care insurance policy/certificate in force during the last 12 months? <i>If YES, with which company?</i> <div style="display: flex; justify-content: space-between;"> <div>[Applicant A] Company: _____</div> <div>[Applicant B] Company: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>[Applicant A] If that insurance lapsed, when did it lapse? Lapse Date: _____</div> <div>[Applicant B] Lapse Date: _____</div> </div>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>	D. Do you intend to replace <i>any</i> of your long term care, medical, or health insurance with this Coverage? <i>If YES, name company being replaced:</i> <div style="display: flex; justify-content: space-between;"> <div>[Applicant A] Company: _____</div> <div>[Applicant B] Company: _____</div> </div> <p>[[AGENT: <i>If YES</i>, the Replacement Notice must be completed, dated and signed by both you and the Applicant. Leave a copy with the Applicant and send a copy with the application.</p> <p>APPLICANT with no AGENT: <i>If YES</i>, please complete, date and sign the Replacement Notice. Send a copy with your application and keep a copy for your records.]</p>	<input type="checkbox"/> <input type="checkbox"/>

H. PROTECTION AGAINST UNINTENTIONAL LAPSE

*One of the boxes **must be** checked.*

I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid.

[Applicant A (Use for Individual and Shared Applications)] _____

- ☐ I elect NOT to designate any person to receive such notice.
- ☐ I designate the following person to receive notice prior to cancellation of my Coverage for nonpayment of premium:

If selecting this option, we recommend designating someone other than a spouse or agent.

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other Title: _____

Full Name _____

Home Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Relationship _____

[Applicant B (Complete whenever there is a second applicant) _____

- ☐ Same as applicant A.
- ☐ I elect NOT to designate any person to receive such notice.
- ☐ I designate the following person to receive notice prior to cancellation of my Coverage for nonpayment of premium:

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other Title: _____

Full Name _____

Home Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Relationship _____

I. DECLARATIONS

No agent is authorized to: change, waive, or alter the terms and conditions of this application; accept risks; pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

REJECTION OF 5% COMPOUND FOR LIFE INFLATION PROTECTION:

Check box **only** if you have selected a benefit increase option other than **5% Compound for Life**.

[Applicant **A**]

☐ I have reviewed the outline of coverage (or disclosure form) and the graphs that compare the benefits and premiums of this Coverage with and without inflation protection. Specifically, I have reviewed plans with and without inflation protection, and I reject inflation protection 5% Compound for Life.

[Applicant **B**]

☐ I have reviewed the outline of coverage (or disclosure form) and the graphs that compare the benefits and premiums of this Coverage with and without inflation protection. Specifically, I have reviewed plans with and without inflation protection, and I reject inflation protection 5% Compound for Life.]

REJECTION OF OPTIONAL NONFORFEITURE BENEFIT RIDER:

[Applicant **A**]

☐ Yes ☐ No I have reviewed the Outline of Coverage and compared the benefits and premiums of this Coverage with and without the Nonforfeiture Benefit Rider, and I reject this Rider.

[Applicant **B**]

☐ Yes ☐ No I have reviewed the Outline of Coverage and compared the benefits and premiums of this Coverage with and without the Nonforfeiture Benefit Rider, and I reject this Rider.]

AUTHORIZATION: I authorize Genworth Life Insurance Company, its insurance support organizations, affiliates, and any reinsurers, to obtain information as to the diagnosis, treatment or prognosis of my physical and mental condition, other coverage and any other information needed to evaluate my application for insurance. Upon presentation of this authorization, or copy of it, they may obtain such information or records thereof from any physician, health professional, hospital, clinic, Veterans Administration or other medical or medically related facility, care provider or evaluator, insurance company, consumer reporting agency or insurance support organization or other person or organization which has such information. The Company and its reinsurers may also obtain such information from the Medical Information Bureau. This authorization includes information about drugs, alcoholism, and mental illness. I understand and agree that the Company or its representatives may conduct a phone or in-person interview as part of the underwriting process. I agree that this authorization will be valid for 24 months from the date signed, and know that I or my authorized representative may have a photocopy of it.

RECEIPT: I have received and read the Privacy Notice. When I applied for this Coverage to be issued by Genworth Life Insurance Company, I also received the Outline of Coverage (called Disclosure Form in some states), the applicable Shopper's or Buyer's Guide, the Potential Rate Increase Disclosure, the Suitability Disclosure, and the Personal Worksheet.

AGREEMENT: I agree this application will be part of the Coverage for which I am applying and that the answers contained herein are full, complete and true to the best of my knowledge and belief. I understand that my Coverage will take effect according to the terms of the Group Policy [including any Actively at Work requirement], only:

- if the Group Policy is in effect and:
- if I qualify and there has been no change in my health that would change the answers to any questions in this application [;and
- if applying as an employee, I am Actively at Work performing the usual duties of my job at my usual place of work as required by my employer on a [full-time basis at least 30 hours each week.]]

[REQUEST FOR A LATER EFFECTIVE DATE:

If the Initial Premium is paid, check this box **only** to request that your Coverage become effective at a date later than the date you sign this application.

☐* Applicant **A** ☐* Applicant **B**

* By checking this box I acknowledge that, if my application is approved, the effective date of my Coverage will be a later date to be set by the Company. I understand that the Company will consider any changes to my health *after* the date this application is signed in their underwriting decision, and that the Initial Premium will begin as of the Effective Date set by the Company.]

FRAUD WARNING: Any person who knowingly, and with intent to injure, defraud or deceive an insurance company or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act, which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial penalties may be imposed.

CAUTION: If your answers on this application are incorrect or untrue, Genworth Life Insurance Company may have the right to deny benefits or rescind your Coverage, subject to the Misstatement/Incontestability provisions of the Group Policy.

X
Signature of Applicant[A]

X
Signature of Applicant **B**

X
Signature of Licensed and Appointed Insurance
Producer/Agent/Representative, if applicable

Date Signed

Date Signed

Date Signed



Genworth Life Insurance Company
[Administrative Office
3100 Albert Lankford Dr.
Lynchburg, Virginia 24501-4948
888.325.5433]

Long Term Care Insurance Outline of Coverage

from Genworth Life Insurance Company

Group Policy Number: [GLTC-2009-1]

Group Policyholder: [XYZ Company]

NOTICE TO BUYER

This coverage may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. You are advised to review carefully all limitations.

CAUTION

The issuance of this long term care insurance Certificate is based upon your responses to the questions on your application. A copy of your application will be provided to you. If your answers are incorrect or untrue, Genworth Life Insurance Company (called We, Us and Our in this Outline) has the right to deny benefits or rescind your coverage. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact Us at the Administrative Office address shown above.

1. POLICY DESIGNATION

The policy is a Group Policy issued in the [state of INSERT STATE].

2. PURPOSE OF THE OUTLINE OF COVERAGE

This outline of coverage provides a very brief description of the important features of the Group Policy. You should compare this outline of coverage to outlines of coverage for other policies available to you. This is not an insurance contract, but only a summary of coverage. Only the group policy contains governing contractual provisions. This means that the group policy sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR CERTIFICATE CAREFULLY!**

3. FEDERAL TAX CONSEQUENCES

The Group Policy is intended to be a federally tax-qualified long term care insurance contract under Section 7702B (b) of the Internal Revenue Code of 1986, as amended.

4. TERMS UNDER WHICH YOUR COVERAGE MAY BE CONTINUED IN FORCE OR DISCONTINUED

(a) Renewability: This Coverage Is Guaranteed Renewable. This means you have the right, subject to the terms of your Certificate, to continue your coverage as long as premiums for your coverage are paid on time. We cannot change any of the terms of the Group Policy on our own, except that, in the future, **WE MAY INCREASE THE PREMIUM YOU PAY.**

(b) Continuation Coverage: If sponsorship of the Group Policy is terminated, We will continue your coverage as stated in the Certificate you will receive if you become insured.

(c) Waiver of Premium Benefit: Premiums will be waived, for each coverage month while you are receiving payments that qualify for this waiver under the plan you select.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS

We reserve the right to change future premiums for your coverage. The premium for your coverage will not increase due to a change in your age or health. Premiums may increase on a group or class basis. We will give at least [60] days notice before a rate change. [The rates used to determine Your premium are guaranteed until [xx/xx/xxxx][xx years from the earliest effective date of your coverage].]

In the event of a substantial cumulative premium increase you will be given the right to reduce coverage or convert, under a Contingent Nonforfeiture Benefit, to limited paid-up benefits.

6. TERMS UNDER WHICH THE CERTIFICATE MAY BE RETURNED AND PREMIUM REFUNDED

[30] Day Free Look Period: During this period you can review and return your Certificate to Us if you are not satisfied with it for any reason. All premiums paid will be refunded within 30 days after return of the Certificate or denial of your application.

Unearned Premium Refunds: Unearned premium will be refunded if your coverage terminates due to death, surrender or cancellation.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us. Neither We, nor Our agents represent Medicare, the federal government, or any state government.

8. LONG TERM CARE COVERAGE

Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home.

This coverage reimburses you for covered long term care expenses you incur. It is subject to a Deductible or Elimination Period, limitations and other requirements. Coinsurance will apply when the plan selected pays less than 100% of the Covered Expenses.

The limits and features for the plan selected are shown at the end of this Outline.

9. BENEFITS PROVIDED

(a) Covered Services: Payment of institutional and non-institutional benefits described below is subject to the provisions, conditions, limitations and exclusions of the policy as restated in the issued Certificate. Benefits are available up to the daily, monthly and annual maximums until applicable periodic and lifetime limits of the plan you selected are exhausted. You must meet the Eligibility for the Payment of Benefits requirements in order to receive benefits.

(b) Institutional Benefits: These pay for Covered Expenses incurred while confined in a Nursing Facility, Assisted Living Facility, or Hospice Care Facility. This includes room charges, unless the plan selected excludes those charges while in an Assisted Living Facility.

Bed Reservation coverage is available for temporary absences from a Nursing Facility, Assisted Living Facility or Hospice Care Facility when room charges are covered in the facility.

[The International Coverage Benefit provides limited coverage for confinement in an Out-of-Country Nursing Facility.]

(c) Non-Institutional Benefits: These include the following:

The Home and Community Care Benefit covers services received at home and in the community for:

- Adult Day Care;
- Nurse and Therapist Services;
- Home Health or Personal Care Services and Homemaker and Chore Care from Formal Providers (licensed or certified individual or Home health care agencies). [When the plan selected includes Informal Providers, care can come from someone, other than a family member, who is qualified by training and/or experience.]
- Non-institutional Hospice Care.

Privileged Care[®] Coordination Services are offered to assist in identifying care needs and community resources available to deliver care while you are Chronically Ill. When you choose to use these services they will be furnished by a Privileged Care Coordination team provided by Us at no cost to you.

The Respite Care Benefit provides short-term coverage to relieve the person who normally and primarily provides you with care in your home on a regular, unpaid basis.

The Home Assistance Benefit covers: home modifications; assistive devices; supportive equipment; emergency medical response systems and caregiver training.

The Alternate Care Benefit may, subject to Our approval and mutual agreement, pay for Covered Expenses incurred for services, devices or treatments that are Qualified Long Term Care Services not specifically covered under another Benefit.

(d) Eligibility for the Payment of Benefits: For You to be eligible for the Benefits:

- You must be Chronically Ill;
- We must receive a Current Eligibility Certification for you; and
- We must receive ongoing proof which verifies that the Covered Care you receive is needed due to your continually being Chronically Ill.

Conditions: Benefits will be paid for Covered Expenses incurred for Covered Care services that meet all of the following conditions:

- You meet the above requirements.
- Your Coverage provides benefits only for Covered Expenses, as described in your Certificate.
- The Covered Care and related Covered Expenses must be consistent with and received pursuant to Your Plan of Care as prescribed by a Licensed Health Care Practitioner.
- Your Coverage must be in force when the Covered Care is received.
- We will pay for the Covered Percentage of Covered Expenses incurred after the applicable Deductible or Elimination Period has been satisfied.
- You must not have exhausted the Coverage Maximum or any daily, monthly, annual or lifetime limits on the specific benefits claimed.
- You must meet the requirements for payment in accordance with the benefits, services and all provisions in your Certificate.
- The care, service, cost or item for which benefits are payable must be Qualified Long Term Care Services.

Activities of Daily Living means the following self-care functions: bathing (washing oneself); continence (control of bowel and bladder functions); dressing (putting on and taking off clothes and assistive devices); eating (taking nourishment); toileting (including performing associated personal hygiene tasks); and transferring (moving in and out of a bed, chair or wheelchair).

Chronically Ill or *Chronically Ill Individual* refers to a person who has been certified by a Licensed Health Care Practitioner as:

- Being unable to perform, without Substantial Assistance from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must be expected to exist for a period of at least 90 days; or
- Requiring Substantial Supervision to protect the person from threats to health and safety due to a Severe Cognitive Impairment.

Severe Cognitive Impairment is a loss or deterioration in intellectual capacity that: is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and is measured by clinical evidence and standardized tests that reliably measure impairment in your: short-term or long term memory; orientation as to people, places or time; deductive or abstract reasoning; and judgment as it relates to safety awareness.

Substantial Assistance is either:

- *Hands-on Assistance* which is the physical assistance (minimal, moderate or maximal) of another person without which You would be unable to perform the Activity of Daily Living; or
- *Standby Assistance* which is the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to Yourself while You are performing the Activity of Daily Living.

Substantial Supervision is continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another nearby person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (such as may result from wandering).

Covered Care means only those Qualified Long Term Care Services for which your coverage pays benefits or would pay benefits in the absence of a Deductible, Elimination Period or benefit payment limit.

Covered Expenses means costs you incur for which a benefit may be payable under your coverage. An expense is considered to be incurred on the day on which the care, service or other item forming the basis for it is received.

A *Current Eligibility Certification* is a Licensed Health Care Practitioner's written certification, made within the preceding 12-month period, that you meet the above requirements for being Chronically Ill.

Deductible or Elimination Period

Payment of certain benefits is subject to satisfaction of EITHER: a Deductible; OR an Elimination Period; as determined for the plan selected.

Deductible, when applicable, means the amount of Covered Expenses for which payment would otherwise be made under your Coverage, but for which We will not pay benefits. Your Deductible may be changed by any Benefit Increases, as

determined for the plan purchased. The Deductible reduces as you incur Covered Expenses; and the Deductible will be fully satisfied and no longer apply once it has been reduced to zero. The Deductible may be satisfied by all Covered Expenses you incur (including those not payable because of Non-Duplication or coordination provisions); except expenses for Hospice Care and Respite Care. The amount applied to your Deductible is not subject to any dollar limits that would apply if benefits were being paid.

Elimination Period, when applicable, means the length of time before benefits are payable. It begins on the first day on which You incur a Covered Expense while Chronically Ill.

The Elimination Period needs to be met only once during Your lifetime. Elimination Period days may be accumulated before the filing of a claim if We can establish that you met these Elimination Period requirements before the filing of a claim.

Nursing Facility Maximum means the maximum amount We will pay for confinement in a Nursing Facility. This amount is also used to determine other benefit maximums. If this is a monthly maximum, it applies to all payments for a calendar month, other than under the Home Assistance and Alternate Care Benefits.

Coverage Maximum means the maximum amount of benefits payable for your Covered Expenses. It may change over time, based on benefit increases and claim payments. Coverage terminates when it is exhausted.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which:

- are required by a Chronically Ill Individual; and
- are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

10. EXCLUSIONS AND LIMITATIONS

Pre-Existing Conditions Coverage: Pre-existing conditions [are][are not] subject to exclusions or limitations.

Non-eligible Facilities/Providers: A Nursing Facility, Assisted Living Facility or Hospice Care Facility must meet the applicable definition stated in your Certificate.

Non-eligible Levels of Care: Coverage is not based on the specific level of care; but is for care furnished for a specific covered reason, by or through the covered facilities and providers. Care from Immediate Family members is covered only when specifically indicated.

Exclusions/Exceptions and Limitations: We will not pay benefits for any expenses incurred for any room and board, care, treatment, services, equipment, or other items:

- [For which no charge is normally made in the absence of insurance;]
- [Provided outside the United States of America, its territories and possessions; unless specifically provided for by a Benefit;]
- [Provided by Your Immediate Family, unless: specifically covered by a Benefit; or he or she is paid as a regular employee of the organization that provides the services.]
- [Provided by or in a Veteran's Administration or Federal government facility, unless a valid charge is made;]
- [Resulting from illness, treatment or medical condition arising out of any of the following:
 - [War or any act of war, whether declared or not;]
 - [Attempted suicide or an intentionally self-inflicted injury;]
 - [Participation in a felony, riot, or insurrection;]
 - [Service in the armed forces or units auxiliary thereto;]
 - [Your alcoholism or addiction to drugs or narcotics (except for an addiction to a prescription medication when administered in accordance with the advice of a Physician).]

Non-Duplication: Benefits will be paid only for Covered Expenses that are in excess of the amount paid or payable under:

- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount); and
- [Any state or federal workers' compensation, employer's liability or occupational disease law; and]
- Any other federal, state or other governmental health care program or law except Medicaid.

This will not disqualify a Covered Expense from being used to satisfy any Deductible or Elimination Period requirement.

[Coordination with Other Coverage: Benefits may be adjusted if you have other long term care coverage. This can occur when needed to reduce our payments so that the total paid under this and all other long term care coverage is not more than the actual expense incurred. However, We will not coordinate with coverage provided in the form of an acceleration of life insurance or annuity benefit payments.]

Outline of Coverage

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[Pre-Existing Conditions Limitation: We will not pay benefits for any loss or confinement that is a result of a Pre-Existing Condition when the loss or confinement begins within [six (6)][twelve (12)] months following Your initial Coverage Effective Date.

A *Pre-Existing Condition* means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a health care professional within six (6) months prior to your initial coverage effective date.]

[If you were required to answer questions about your health as part of your Application, this Pre-Existing Conditions Limitation will not apply to you.]

THIS POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the costs of long term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. Benefit levels will not increase over time unless the plan you purchase provides Benefit Increases. Those increases will not require proof of insurability.

At the end of this Outline is a graphic comparison of the benefit levels of coverage that increase benefits over time with coverage that does not increase benefits. A similar graphic comparison illustrates premiums for those coverages at a given issue age.

AVAILABLE BENEFIT INCREASE OPTIONS

[[5%][4%][3%] [Full] Compound Benefit Increases: On each anniversary of Your Coverage Effective Date We will increase, by [5%][4%][3%] compounded annually, Your: Nursing Facility Maximum, [#®©] Your Coverage Maximum and other maximums that are based on Your Nursing Facility Maximum. [Calculation of the increased amounts is not affected by benefit payments.]

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) Your Coverage terminates; or (c) Your Coverage is continued under a Nonforfeiture Benefit, if applicable.]

[Graded [Full] Compound Benefit Increases: On each anniversary of Your Coverage Effective Date Your Nursing Facility Maximum will increase in the following manner, based on Your age on that date:

- While You are 60 years of age and younger it will increase by 5%;
- While You are at least 61 years of age and less than 76 years of age, it will increase by 3%; and
- While You are 76 years of age and older, it will increase by 2%.

The same increases will apply to [#®©] Your Coverage Maximum and other maximums that are based on Your Nursing Facility Maximum. [Calculation of the increased amounts is not affected by benefit payments.]

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) Your Coverage terminates; or (c) Your Coverage is continued under a Nonforfeiture Benefit, if applicable.]

[Benefit Increases Adjusting at Age 66: On each anniversary of Your Coverage Effective Date Your Nursing Facility Maximum, Coverage Maximum, and other maximums that are based on Your Nursing Facility Maximum will each increase in the following manner, based on Your age on that date:

- While You are 65 years of age and younger, they will increase by 5% compounded annually.
- While You are at least 66 years of age and older, they will each increase by an amount equal to 5% of the respective amounts in effect on[: (a) Your Coverage Effective Date, if You were age 66 or older on that date; and (b)] the anniversary of Your Coverage Effective Date on which You are 65 years of age[if You were 65 years of age or younger on Your Coverage Effective Date].

Calculation of the increased amounts is not affected by benefit payments. Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) Your Coverage terminates; or (c) Your Coverage is continued under a Nonforfeiture Benefit, if applicable.]

[5% Equal Benefit Increases: On each anniversary of Your Coverage Effective Date Your Nursing Facility Maximum, Coverage Maximum, and other maximums that are based on Your Nursing Facility Maximum will each increase by 5% of their respective amounts in effect on Your Coverage Effective Date. Calculation of the increased amounts is not affected by benefit payments.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) Your Coverage terminates; or (c) Your Coverage is continued under a Nonforfeiture Benefit, if applicable.]

Outline of Coverage

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[5%][3%] [Future Purchase Options: These provide a way to increase Your benefit maximums on every [2nd][3rd] anniversary of [the Group Policy Effective Date] [Your Coverage Effective Date]. Increases will not be available if You are Chronically Ill or otherwise eligible for benefits.

You will be given the option to purchase additional coverage equal to [5%][3%] compounded annually for the [2][3] year anniversary period (an approximate increase of [XX.x%]). The increases will apply to: Your Nursing Facility Maximum, [#®©] Coverage Maximum and other maximums that are based on Your Nursing Facility Maximum. The additional premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the premiums in effect for the Group Policy on the date the increase takes effect. [Calculation of the increased amounts is not affected by benefit payments.]

Options and Benefit Increases cease when: (a) You have refused/declined three consecutive increases; (b) the applicable maximum has been exhausted; (c) Your Coverage terminates; or (d) Your Coverage is continued under a Nonforfeiture Benefit, if applicable.]

[[5%][3%] Guaranteed Purchase Options: These provide a way to increase Your benefit maximums on every [2nd][3rd] anniversary of [the Group Policy Effective Date] [Your Coverage Effective Date]. Increases will be available even if You are Chronically Ill or otherwise eligible for benefits.

Unless refused/declined by You, these increases will provide additional coverage equal to [5%][3%] compounded annually for the [2][3] year anniversary period (an approximate increase of [XX.x%]). The increases will apply to: Your Nursing Facility Maximum, [#®©] Coverage Maximum and other maximums that are based on Your Nursing Facility Maximum. The additional premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the premiums in effect for the Group Policy on the date the increase takes effect. [Calculation of the increased amounts is not affected by benefit payments.]

Options and Benefit Increases cease when: (a) You have refused/declined three consecutive increases; (b) the applicable maximum has been exhausted; (c) Your Coverage terminates; or (d) Your Coverage is continued under a Nonforfeiture Benefit, if applicable.]

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

Coverage is provided for insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses subject to the same exclusions, limitations and provisions applicable to other Covered Care.

13. PREMIUM

The initial premium for your coverage will be determined from the premium rate schedule contained in your enrollment material based on the option selected and your age.

Options and Premiums	[Annual] Premium for Selected Option
<input type="radio"/> Nonforfeiture Benefit	\$ _____
<input type="radio"/> Restoration Benefit	\$ _____
<input type="radio"/> Return of Premium On Death After 10 Years	\$ _____
<input type="radio"/> Graded Return of Premium On Death	\$ _____
<input type="radio"/> Joint Coverage	\$ _____
<input type="radio"/> Shared Coverage	\$ _____
<input type="radio"/> 7 Year Survivorship	\$ _____
<input type="radio"/> 10 Year Survivorship	\$ _____
<input type="radio"/> Waiver of Home Care Elimination Period	\$ _____
Certificate with any Benefit Increases	\$ _____
Anticipated Discounts	\$ _____
Total if paid annually	\$ _____
[Modal Payment Factor (Annual:1.0; S/A:.51; Q:.26; M:.09)]	____.
Modal Premium (After Factor)	\$ _____
Annual Total Modal Premiums	\$ _____
Premium Payment Period: <input type="radio"/> Lifetime <input type="radio"/> 10 Years <input type="radio"/> To Age 65]	

14. ADDITIONAL FEATURES

Underwriting: We will underwrite your application by reviewing one or more of the following: the information submitted on your application; an attending Physician's report; copies of your medical records; a medical evaluation; a telephone interview; and an in-person interview.

Continuation for Lapse Due to Cognitive or Functional Impairment: If your coverage terminates due to non-payment of premiums, We will provide a retroactive continuation of coverage if within seven (7) months of the termination date you provide Us with proof that you were Chronically Ill, beginning on or before the end of the grace period. All past due premiums for your coverage that was in force immediately prior to the date of lapse must be paid. In that event, any benefits for which you qualified during the continuation period will be paid to the same extent they would have been paid if your coverage had remained in force from the date of termination.

OTHER FEATURES AND OPTIONS (Applicability based on Plan and options Selected)

[Optional] [Nonforfeiture Benefit: This Benefit provides a continuation if your coverage terminates due to non-payment of premium after it has been in force for 3 years. Any Benefit Increases will cease; and the Coverage Maximum will be reduced to the greater of: (a) the sum of all premiums paid (and not waived) for your coverage; or (b) the amount equal to one month (30 days) of benefits under the Nursing Facility Benefit in effect at the time of lapse. In no event will this amount exceed the unused Coverage Maximum at the time of lapse.]

[Optional] [Joint Coverage Benefit: This Benefit provides the following when both you and your spouse or partner have identical certificates with this Benefit. We will:

- Continue your spouse's or partner's coverage under your Coverage if his or her Coverage Maximum is exhausted.
- Waive premiums for both certificates when either person qualifies for the Waiver of Premium Benefit.
- If one dies when the survivor has begun sharing Coverage under the deceased's Certificate, he or she may continue that Coverage, with its applicable Coverage Maximum subject to an increase in the survivor's premium; and
- If one dies when the survivor has not begun sharing Coverage under the deceased's Certificate, the Coverage Maximum for the survivor's Certificate may be increased by the amount of the deceased's unused Coverage Maximum. The survivor may request this option, subject to a change in premium for his or her certificate.]

[Informal Care Benefit: Limited benefits are available for Covered Expenses incurred for Informal Care which can be provided by family members and other informal care providers].

[Transition Benefit: Pays a lump sum to cover costs associated with care received while the Elimination Period is being satisfied. Notice Regarding Tax Law: Please note that payment of this Benefit may have tax implications. You are advised to review this benefit with a qualified tax professional to determine any such tax impact.]

[Optional] [Shared Coverage Benefit: This Benefit provides the following when both you and your spouse or partner have identical certificates with this Benefit.

Shared Coverage Maximum: We will automatically continue your spouse or partner's coverage under your Coverage if his or her Coverage Maximum is exhausted.

[Joint Waiver of Premium: Premiums for both persons will be waived when one person qualifies for the Waiver of Premium Benefit.]

Coverage Maximum Transfer to Your Spouse or Partner: When this Benefit is in force for both persons when one dies the Coverage Maximum for the survivor's Certificate will be increased by the amount of the deceased's unused Coverage Maximum if the survivor has not begun sharing Coverage; and if the survivor has begun sharing Coverage under the deceased's Certificate, he or she may continue that Coverage, with its applicable Coverage Maximum.

Guaranteed Minimum Benefit for You: To ensure that at least 50% of your original Coverage Maximum (the Guaranteed Minimum) is available as benefits for you, We will reset your Coverage Maximum on the date your Coverage Maximum is exhausted; but only if the total benefits paid or payable for your Covered Expenses are less than the Guaranteed Minimum. When this reset occurs: your Coverage Maximum will equal the Guaranteed Minimum reduced by the total benefits paid or payable for your Covered Expenses. Any future Benefit Increases will be based on the reset Coverage Maximum. The certificate will cover you alone; and this Benefit and its premium will terminate.]

[Optional] [Restoration Benefit: This will increase the amount of Your unused Coverage Maximum by the amount previously paid, and not previously restored, for Your Covered Expenses. To get this restoration, you must recover from being Chronically Ill for a period of 180 consecutive days during which your coverage is in force other than under a Nonforfeiture Benefit.]

Outline of Coverage

Page [8] of [10]

[Optional] [Return of Premium On Death After 10 Years Benefit: This pays an amount equal to the total premium paid less claims. To qualify You must: (1) have been insured for 10 years; and (2) die while insured.

Tax Considerations: Return of Premium Benefits may have tax implications for Your estate or designated beneficiary. You may wish to consult a qualified tax professional]

[Optional] [Graded Return of Premium On Death Benefit: This pays a percentage of the total premium paid less claims if You die while insured. This considers Your age on the premium due date immediately prior to Your death. If You are age 65 or younger when You die, We will pay an amount equal to the total premium paid less claims. If You die while 66 years of age, the premium percentage reduces to 90%. Each year thereafter, the percentage of premium considered is reduced by 10%. This terminates, and its benefits cease on the premium due date on which you are 75 years of age.

Tax Considerations: Return of Premium Benefits may have tax implications for Your estate or designated beneficiary. You may wish to consult a qualified tax professional.]

[Optional] [10 Year Survivorship Benefit: If you and your spouse or partner have been insured with Us as a couple, for at least 10 years when one dies, no further premium payments will be required for the survivor's coverage once we receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under a Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior 10 year period [with no claim for long term care benefits applicable to the first 10 years of such concurrent coverage];
- Both persons were a couple with coverage that included a similar 10 Year Survivorship Benefit for the entire period of concurrent coverage.]

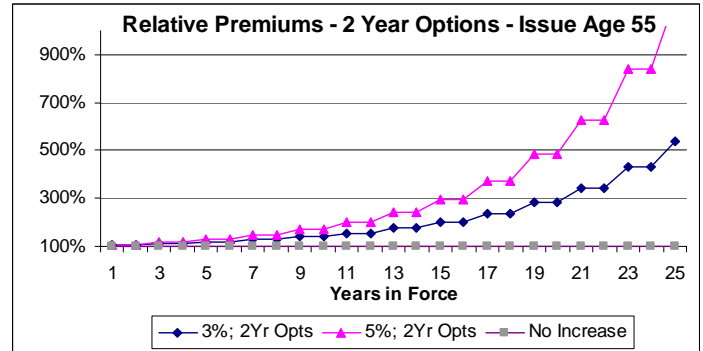
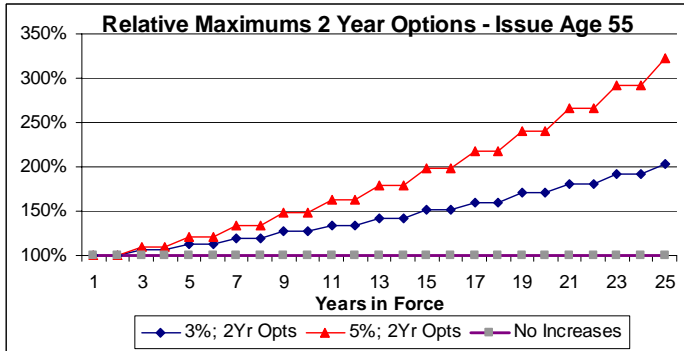
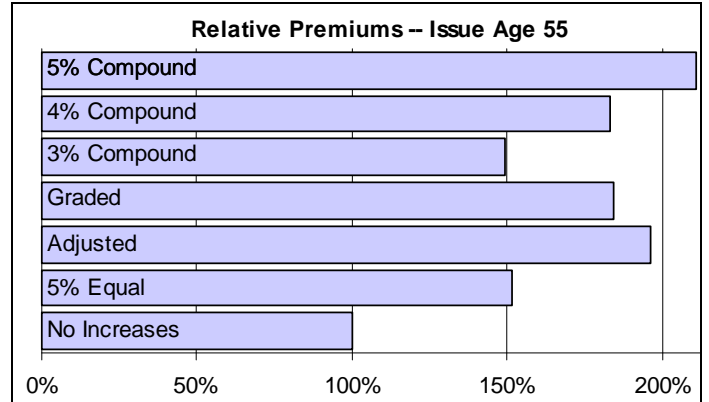
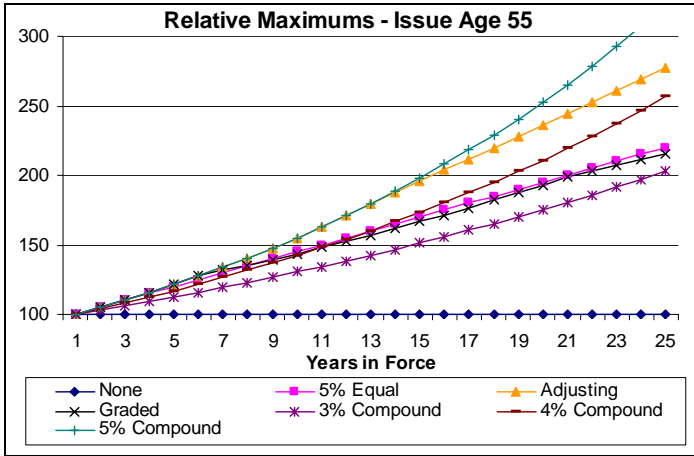
[Optional 7 Year Survivorship Benefit: If you and your spouse or partner have been insured with Us as a couple, for at least 7 years when one dies, no further premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under a Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior 7 years; and
- Both persons were a couple with coverage that included a similar 7 Year Survivorship Benefit for the entire period of concurrent coverage.]

15. ANSWERS TO QUESTIONS

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE POLICY OR CERTIFICATE.

INFLATION PROTECTION – GRAPHIC COMPARISONS



Outline of Coverage

Page [10] of [10]

COVERAGE FEATURES AND LIMITS (Complete to show selected Plan & Options)

[Plan	<input type="radio"/> Plan A	<input type="radio"/> Plan B	<input type="radio"/> Plan C
Covered Percentage	100%	100%	100%
Elimination Period	90 Calendar Days	90 Calendar Days	90 Calendar Days
Nursing Facility Maximum (A calendar month maximum)	\$[XX]	\$[XX]	\$[XX]
Benefit Factor (months worth of benefits)	36	48	60
Coverage Maximum (Nursing Facility Maximum X Benefit Factor)	\$[XX]	\$[XX]	\$[XX]
Home and Community Care Maximum Percentage	50%	75%	100%
Benefit Increases: <input type="radio"/> 5% Full Compound <input type="radio"/> 3% Full Compound <input type="radio"/> 5% Future Purchase Options <input type="radio"/> None			

Coverage includes any Optional Benefits selected as shown in Premium section (item 13).

The Coverage Maximum equals the Nursing Facility Maximum multiplied by the Benefit Factor. It is exhausted when the total of all benefits paid equals your current Coverage Maximum including any Benefit Increases.

Benefits And Services Provided	We Pay The Covered Percentage Of Covered Expenses Up To These Limits
Privileged Care Coordination Services:	Not subject to coverage limits
Home and Community Care Benefit: (Covers Formal Care Providers Only)	50%, 60%, 75% of the Nursing Facility Maximum per calendar month, based on the Plan selected
Home Assistance Benefit: (Covers equipment, modifications & training)	Up to A Certificate total maximum equal to 3 times the Nursing Facility Maximum
Hospice Care Benefit:	Included
Respite Care Benefit:	Up to 30 days per calendar year
Assisted Living Facility Benefit: (Includes room charges in an Assisted Living Facility)	Nursing Facility Maximum per calendar month
Nursing Facility Benefit:	Nursing Facility Maximum per calendar month
Bed Reservation Benefit:	60 days per calendar year
International Coverage Benefit:	Included
Alternate Care Benefit:	Payment subject to mutual agreement
Waiver of Premium Benefit:	Included
The Waiver of Premium applies only when benefits are payable under the:	Nursing Facility Benefit; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit.
Contingent Nonforfeiture Benefit:	Included

The maximum total amount payable for all Covered Expenses incurred in a calendar month is limited to the Nursing Facility Maximum. This does not apply to the Home Assistance Benefit and Alternate Care Benefit.]



LONG TERM CARE INSURANCE PERSONAL WORKSHEET

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this coverage.

[If you are an employee {or spouse or domestic partner of an employee}, you may wish to review and complete this form for your own use. However, you DO NOT NEED to submit it with your application.]

[If you are eligible for coverage other than as an employee {or his/her spouse or domestic partner}, you/You] MUST complete and submit this form with your application. We cannot process your application without it.]

SECTION A

Premium Information

Policy Form Series: 7050

The premium for the coverage you are considering will be as shown in your Information Kit, and is based on your selections. (Complete *only* the premium for the desired payment frequency.)

\$ annually \$ semi-annually \$ quarterly \$ monthly

Type of Policy Guaranteed renewable, group long term care insurance

The Company's Right to Increase Premiums The company has a right to increase premiums on this policy form in the future, provided it raises rates for all coverage in the same class in this state.

Rate Increase History The company has sold long-term care insurance since 1974 and has sold group long term care insurance since 1999. It has sold this group policy form since 2009. The company has not raised its rates on this policy form in this or any other state, but in the past 10 years it has raised its rates on similar policy forms that are no longer available for sale. *Following is a summary of the rate increases:*

Policy Form Series	Years Available for sale	Percentage of Increase	Effective Year
* 6465, 6026, 6318, 6322, 6328, 6394, 6395	1974-1989	0-8%**	2007-2008
* 6484, 7003, 7012, 7021, 50000, 50001, 50003, 50004, 50013, 50018, 50020, 50021, 50022, 50023, 50024, 50029	1988-1998	0-9%**	2007-2008
* 7000, 7002, 7011, 7020, 7022, 50024, 50027, 50109, 50110, 51001, 51002	1993-1999	0-12%**	2007-2008
* 7011, 7012, 7030, 7031, 7032, 7033, 7034, 50024	1997-2003	0-11%**	2007-2008

*Note: Not every policy form series was available in every state

**Varies by state

SECTION B

Questions Related to Your Income

How will you pay each year's premium? ☐ From my Income ☐ From my Savings/Investments ☐ My Family will Pay

Have you considered whether you could afford to keep this coverage if the premiums went up, for example, by 20%?

☐ Yes ☐ No — *If you have not considered this possibility, please do not proceed with the application until doing so.*

What is your annual income? (check one)

☐ Under \$10,000 ☐ \$10,000-\$20,000 ☐ \$20,000-\$30,000 ☐ \$30,000-\$50,000 ☐ Over \$50,000

How do you expect your income to change in the next 10 years? (check one) ☐ No change ☐ Increase ☐ Decrease

If you will be paying with money received only from your own income, a rule of thumb is that you may not be able to afford this coverage if the premiums will be more than 7% of your income.

Will you buy inflation protection? (check one) ☐ Yes ☐ No

If not, how will you pay for the difference between future costs and your daily/monthly benefit amount?

☐ From my Income ☐ From my Savings/Investments ☐ My Family will Pay

The national average annual cost of care in [2007 was \$74,806 (\$205 per day),] but this figure varies across the country. In ten years the national average annual cost would be about [\$121,851,] if costs increase 5% annually.

What Elimination Period [or Deductible] are you considering? Number of days

Approximate cost for that period of care: \$

If your plan has an Elimination Period, multiply the number of days by the daily national average [; if it has a Deductible, enter the Deductible amount].

How are you planning to pay for your care while satisfying the Elimination Period [or Deductible]? (check one)

☐ From my Income ☐ From my Savings/Investments ☐ My Family will Pay

Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one)

☐ Under \$20,000 ☐ \$20,000-\$30,000 ☐ \$30,000-\$50,000 ☐ Over \$50,000

How do you expect your assets to change over the next ten years? (check one)

☐ Stay about the same ☐ Increase ☐ Decrease

If you are buying this coverage to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long-term care.

DISCLOSURE STATEMENT

Check one:

- ☐ The answers to the preceding questions accurately describe my financial situation.
☐ I choose not to complete this information (in Section B on the prior page), and I have signed the Verification of Financial Non-Disclosure below.

NOTE: Section A must be completed even if you do not disclose your financial information.

Check the box to acknowledge you have read the following statement and sign below.

- ☐ (This circle must be checked [if there is not agent/producer assistance].) I acknowledge that I have reviewed this form including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures.

I understand that the rates for this policy form series may increase in the future.

Applicant A Signature X	Printed Name	Date mm/dd/yyyy
[Applicant B Signature [X]]	Printed Name	Date mm/dd/yyyy]

LONG TERM CARE INSURANCE PERSONAL WORKSHEET *continued*

[If an Agent/Producer assists with your application, this section must be completed.]

- ☐ (This circle must be checked.) I acknowledge that the agent/producer (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. **I understand that the rates for this policy form series may increase in the future.**

Applicant A Signature X	Date mm/dd/yyyy	[Applicant B Signature] [X]	Date mm/dd/yyyy]
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I explained to the applicant the importance of completing this information.

Agent/Producer Signature X	Agent/Producer Printed Name	Date mm/dd/yyyy
--------------------------------------	-----------------------------	-----------------

Complete this section ONLY if your agent/producer has advised you that this coverage may not be suitable for you.

My agent/producer has advised me that this coverage does not seem to be suitable for me. However, I still want the company to consider my application.

Applicant A Signature X	Date mm/dd/yyyy	[Applicant B Signature] [X]	Date mm/dd/yyyy]
-----------------------------------	-----------------	---------------------------------------	------------------

In order for us to process your application, please return this signed statement to Genworth Life Insurance Company, along with your application. The company may contact you to verify your answers.

LONG TERM CARE INSURANCE POTENTIAL RATE INCREASE DISCLOSURE FORM

1. Premium Rate Schedules: In your enrollment materials you will find the premium rate schedules that are applicable to you and that will be in effect until a request is made, filed and approved by the appropriate state insurance departments for an increase.

2. The premium for your coverage will be shown on your Certificate Schedule.

3. Rate Schedule Adjustments: The premium rates for this coverage may change. Any change will be effective on the next billing date after the company has provided you at least 60 days written notice before we change premiums.

4. Potential Rate Revisions:

This coverage is Guaranteed Renewable. This means that the rates for this product may be increased in the future. Your rate can NOT be increased due to your increasing age or declining health, but your rate may go up on a group or class basis. This means that your rates may increase based on the experience of all persons with coverage similar to yours.

If you receive a premium or premium schedule increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:

- Pay the increased premium and continue your coverage in force as is.
- Reduce your coverage benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
- Exercise your nonforfeiture option if purchased. (This option is available for purchase for an additional premium.)
- Exercise your contingent nonforfeiture rights.* (This option applies if the nonforfeiture rider is not in force on your coverage.)

***Contingent Nonforfeiture**

If the premium rate for your coverage goes up in the future and you didn't buy a nonforfeiture option, you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible:

You will keep some long-term care insurance coverage, if:

- Your premium after the increase exceeds your original premium by the percentage shown (or more) in the following table; and
- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage (i.e., new coverage maximum amount) you will keep will equal the total amount of premiums you've paid since your coverage was first issued. If you have already received benefits under the coverage, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced coverage maximum amount, all other coverage benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this Contingent Nonforfeiture option, your coverage, with this reduced maximum benefit amount, will be considered "paid-up" with no further premiums due.

Example:

- You bought the coverage at age 65 and paid the \$1,000 annual premium for 10 years, so you have paid a total of \$10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or \$500 for a new annual premium of \$1,500, and you decide to lapse the coverage (not pay any more premiums).
- Your “paid-up” coverage benefits are \$10,000 (provided you have a least \$10,000 of benefits remaining under your coverage.)

CONTINGENT NONFORFEITURE**Cumulative Premium Increase over Initial Premium That Qualifies for Contingent Nonforfeiture**

(Percentage increase is cumulative from date of original issue. It does NOT represent a one time increase.)

Issue Age	Percent Increase Over Initial Premium	Issue Age	Percent Increase Over Initial Premium
29 and under	200%	72	36%
30-34	190%	73	34%
35-39	170%	74	32%
40-44	150%	75	30%
45-49	130%	76	28%
50-54	110%	77	26%
55-59	90%	78	24%
60	70%	79	22%
61	66%	80	20%
62	62%	81	19%
63	58%	82	18%
64	54%	83	17%
65	50%	84	16%
66	48%	85	15%
67	46%	86	14%
68	44%	87	13%
69	42%	88	12%
70	40%	89	11%
71	38%	90 and over	10%

In addition to the contingent nonforfeiture benefits described above, the following reduced “paid-up” contingent nonforfeiture benefit is an option in all coverage that has a fixed or limited premium payment period, even if you selected a nonforfeiture benefit when you bought your coverage. If both the reduced “paid-up” benefit AND the contingent benefit described above are triggered by the same rate increase, you can choose either of the two benefits.

You are eligible for the reduced “paid-up” contingent nonforfeiture benefit when all three conditions shown below are met:

1. The premium you are required to pay after the increase exceeds your original premium by the same percentage or more shown in the chart below;

Triggers for a Substantial Premium Increase

Issue Age	Percent Increase Over Initial Premium
Under 65	50%
65-80	30%
Over 80	10%

2. You stop paying your premiums within 120 days of when the premium increase took effect; AND
3. The ratio of the number of months you already paid premiums is 40% or more than the number of months you originally agreed to pay.

If you exercise this option your coverage will be converted to reduced “paid-up” status. That means there will be no additional premiums required. Your benefits will also change in the following ways:

- a. The total lifetime amount of benefits your reduced paid up coverage will provide can be determined by multiplying 90% of the coverage maximum amount at the time the coverage becomes paid up by the ratio of the number of months you already paid premiums to the number of months you agreed to pay them.
- b. The Daily or Monthly benefit amounts you purchased will also be adjusted by the same ratio.

If you purchased lifetime benefits, only the Daily or Monthly benefit amounts you purchased will be adjusted by the applicable ratio.

Example:

- You bought the coverage at age 65 with an annual premium payable for 10 years.
- In the sixth year, you receive a rate increase of 35% and you decide to stop paying premiums.
- Because you have already paid 50% of your total premium payments and that is more than the 40% ratio, your “paid-up” coverage benefits are .45 (.90 times .50) times the coverage maximum amount that was in effect when you stopped paying your premiums. If you purchased inflation protection, it will not continue to apply to the benefits in the reduced “paid-up” coverage.

Genworth Life Insurance Company

CONTACT INFORMATION

The following information is being made available to You in the event that You wish to contact Us or the Arkansas Department of Insurance.

Genworth Life Insurance Company

[Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501
Phone Number 888-325-5433]

Arkansas Department of Insurance

1200 West Third Street
Little Rock, AR 72201-1904
1-800-852-5494
501-371-2640

SERFF Tracking Number: GEFA-125754849

State: Arkansas

Filing Company: Genworth Life Insurance Company

State Tracking Number: 39947

Company Tracking Number:

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

Product Name: Group LTC 2008

Project Name/Number: Group LTC 2008/7050 POL

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	GEFA-125754849	State:	Arkansas
Filing Company:	Genworth Life Insurance Company	State Tracking Number:	39947
Company Tracking Number:			
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group LTC 2008		
Project Name/Number:	Group LTC 2008/7050 POL		

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate ActionInformation:	Attachments
	Premium Rates	7050POL, 7050CERT et al	New		Standard Premium Rates _Form 7050_.pdf

GENWORTH LIFE INSURANCE COMPANY

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

LONG TERM CARE INSURANCE POLICY

Policy Form Series: 7050

July 2008

Premium Rates

Tables A-1 to A-8

Base premium rate tables (Tables A-1 to A-8) vary by underwriting method and discounts available. In addition, rates are tabulated by Benefit Period, Benefit Increase Option and Issue Age. These premium rates are for:

- 90 Service Day Elimination Period
- Lifetime Premium Payment Term

and include the following benefits:

- Privileged Care Coordination Services
- Nursing Facility Benefit
- Assisted Living Facility Benefit (Excludes Room and Board)
- Home and Community Care Benefit (Incidental Homemaker and Chore Services, Home Health Agencies and Independent Providers only) paid at 100% of Nursing Facility
- Bed Reservation Benefit (Nursing Home Only)
- Home Assistance Benefit
- Hospice Care Benefit
- Respite Care Benefit
- Alternate Care Benefit
- International Coverage Benefit
- Waiver of Premium Benefit (Nursing Facility only)
- Contingent Nonforfeiture Benefit

Rates in the base tables have been provided for issue ages 18, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90 and 94. Rates for ages in between will be calculated by linear interpolation. Rates have also been provided for benefit periods (in days) 730, 1095, 1460, 1825, 2190, 2920, 3650 and Unlimited. Additionally, a 365 Day benefit period will be offered with rates equal to 70% of those shown in the 730 Day Tables. Rates for other benefit periods will be determined by linear interpolation.

GENWORTH LIFE INSURANCE COMPANY

Summary Table

<u>Rating Option</u>	<u>Method of UW (i.e. Application used)</u>			<u>Discounts Available</u>	<u>Base Rate Table Number</u>
	<u>Employees/Members</u>	<u>Spouses</u>	<u>Others</u>		
1	Long Form	Long Form	Long Form	See "A" in Discounts Available section	A-1
2	Comprehensive Modified GI (up to age 65) Must be Actively at Work (AAW)	Long Form for all ages	Long Form	See "B" in Discounts Available section	A-2
3	Simplified Modified GI or GI (up to age 65) Must be AAW	Short Form up to age 65; Long Form thereafter	Long Form	See "C" in Discounts Available section	A-3
4	Simplified Modified GI or GI for all ages. Must be AAW	Short Form up to age 65; Long Form thereafter	Long Form	See "C" in Discounts Available section	A-4
5	Comprehensive Modified GI (up to age 65) Must be AAW	Short Form up to age 65; Long Form thereafter	Long Form	See "C" in Discounts Available section	A-5
6	Comprehensive Modified GI for all ages. Must be AAW	Short Form up to age 65; Long Form thereafter	Long Form	See "C" in Discounts Available section	A-6
7	Short Form for all ages. Must be AAW	Short Form up to age 65; Long Form thereafter	Long Form	See "C" in Discounts Available section	A-7
8	GI for all ages. Must be AAW For a Core Plan funded by Policyholder	Short Form up to age 65; Long Form thereafter	Long Form	See "C" in Discounts Available section	A-8

GENWORTH LIFE INSURANCE COMPANY

Table B

This table of factors converts rates from Lifetime Pay to either 10-Pay or Pay-to-65. Factors vary by Issue Age.

Tables C-1 to C-2

Table C-1 converts 90 Service Day Elimination Period (EP) rates to 0, 30, 60, 180 or 365 Service Day EP rates. Table C-2 converts EP rates to Deductible rates.

Tables D-1 to D-3

These tables contain factors for basic plan options.

Table E-1 to E-4

Table E-1 converts the Elimination Period from Service Days to Calendar Days. Table E-2 converts the 100% Home Care to Reduced Home Care coverage. Table E-3 converts the 100% Assisted Living Facility to Reduced Assisted Living Facility coverage. Table E-4 converts the policy to an 80% Coinsurance Plan.

Table F-1 to F-18

These tables contain factors for other benefit options and riders.

Table G

Rates for groups with simplified underwriting include a 15% level commission. This table contains adjustment factors for alternative commission levels.

Table H

This is a Group Underwriting Factor to account for unique characteristics of a given group.

Table I

This is an Expense Adjustment Factor to account for group specific expenses.

Table J

This table contains modal factors for different billing frequencies.

GENWORTH LIFE INSURANCE COMPANY

Rate Calculation Example

Issue Age: 60

Benefit Period: 1,095 Days

No Benefit Increase Option

Underwriting Method: GI for all ages (Actively at work)

Step	Description	Rate Calculation
1	Get annual rate per \$10 Daily Benefit from Table A-4.	52.30
2	Premium payment term is Lifetime.	1.00
3	Result: Step 1 x Step 2	52.30
4	Elimination Period is 60 Service Days. Factor from Table C-1	10%
5	Result: Step 3 x (1 + Step 4)	57.53
6	Basic plan options (Tables D-1 to D-3)	
	Add ALF Room and Board coverage. Factor from Table D-2	10.6%
	Add Waiver coverage on ALF and Home Care. Factor from Table D-3	1.1%
	Sum of factors for Tables D-1 to D-3	11.7%
7	Result: Step 5 x (1 + sum of factors from Step 6)	64.26101
8	Other plan features (Tables E-1 to E-4)	
	75% Home & Community Care. Factor from Table E-2	-4.5%
	Sum of factors for Tables E-1 to E-4	-4.5%
9	Result: Step 7 x (1 + sum of factors from Step 8)	61.36926
10	Optional Benefits (Tables F-1 to F-18)	
	0-Day elimination period for Home Care. Factor from Table F-1	6.4%
	7-Year Survivorship Benefit. Factor from Table F-9	12.5%
	Nonforfeiture Benefit. Factor from Table F-12	22.0%
	Sum of factors for Tables F-1 to F-18	40.9%
11	Result: Step 9 x (1 + sum of factors from step 10)	86.50733
12	Commission Adjustment (15% commission)	1.00
13	Group Level Risk Adjustment	1.00
14	Expense Adjustment	1.00
15	Result: Step 11 x Step 12 x Step 13 x Step 14	86.50733
16	\$200 Daily Benefit i.e. 20 "units" of daily benefit	20
17	Result: Step 15 x Step 16	1730.14661
18	Premiums payable semi-annually. Factor from Table J	0.51
19	Result: Step 17 x Step 18	\$882.37

GENWORTH LIFE INSURANCE COMPANY

Table A-1

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit							Lifetime Maximum: 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	30.45	49.67	64.82	61.96	51.34	56.93	66.92	40.59	62.77	81.10	77.52	64.88	71.23	83.73
30	33.19	53.02	67.77	64.33	54.05	58.50	70.28	43.79	66.91	84.70	80.40	68.21	73.12	87.84
35	35.93	56.36	70.67	66.63	56.08	59.94	73.63	46.99	71.05	88.25	83.20	70.69	74.85	91.95
40	37.93	59.09	74.05	70.11	57.45	64.27	77.69	49.60	73.99	92.33	87.41	71.93	80.12	96.86
45	38.45	59.51	74.51	70.84	57.72	66.15	78.71	50.27	74.02	92.74	88.17	72.51	82.33	97.97
50	40.35	60.11	76.10	71.92	58.20	69.07	80.92	50.63	75.09	97.17	91.84	72.70	88.20	103.33
55	41.76	60.63	80.97	75.00	59.85	75.55	87.11	52.77	78.06	100.49	93.08	77.05	93.76	108.11
60	56.51	84.96	89.44	81.08	81.40	86.87	98.53	66.47	103.59	117.72	98.86	99.25	114.33	129.68
65	83.19	117.16	117.16	105.91	109.08	126.50	141.14	97.22	149.26	149.26	134.92	138.96	159.77	178.27
70	133.79	176.32	176.32	157.50	164.19	182.91	200.81	160.50	225.04	225.04	201.02	209.56	236.04	259.15
75	229.28	296.05	296.05	259.72	276.50	309.18	334.13	288.19	377.72	377.72	331.36	352.78	407.01	439.85
80	401.24	488.48	488.48	430.78	458.62	494.69	534.61	504.33	623.24	623.24	549.62	585.14	651.21	703.76
85	584.66	710.52	710.52	626.59	667.09	711.12	768.50	734.88	906.53	906.53	799.44	851.11	936.12	1011.66
90	917.12	1095.39	1095.39	966.00	1028.43	1113.05	1202.87	1152.76	1397.56	1397.56	1232.48	1312.13	1465.23	1583.46
94	1261.04	1554.26	1554.26	1370.67	1459.25	1545.91	1670.65	1585.05	1983.03	1983.03	1748.78	1861.80	2035.04	2199.25

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit							Lifetime Maximum: 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	44.25	69.09	90.51	86.51	71.42	79.49	93.44	51.63	78.96	104.80	100.15	82.70	92.03	108.19
30	47.07	74.12	94.98	90.17	75.56	82.00	98.51	54.13	86.47	108.88	103.35	86.62	94.01	112.93
35	49.89	79.15	99.42	93.73	78.75	84.32	103.58	57.02	88.74	113.01	106.52	89.49	95.83	117.70
40	52.91	82.65	103.45	97.94	80.35	89.78	108.53	59.81	93.97	118.35	111.65	91.84	103.13	124.69
45	53.85	82.91	103.91	98.31	80.42	91.79	109.23	61.06	94.43	119.05	112.96	92.16	105.18	125.16
50	54.28	83.97	110.47	104.41	81.30	100.27	117.47	61.61	94.89	120.88	114.27	93.09	109.74	128.55
55	57.05	86.39	111.87	105.17	85.27	104.38	120.35	63.39	99.03	123.87	116.43	94.41	115.55	133.24
60	74.82	118.19	131.28	112.79	113.24	127.50	144.62	86.95	134.49	151.91	130.51	131.04	147.54	167.36
65	104.39	165.65	165.65	149.73	154.22	178.04	198.65	118.44	184.04	184.04	175.23	180.47	208.35	232.46
70	178.36	253.81	253.81	226.72	236.35	268.94	295.27	205.64	285.78	285.78	261.60	272.70	310.33	340.69
75	322.66	430.15	430.15	377.35	401.74	455.25	491.99	362.47	493.06	493.06	426.52	454.09	514.56	556.08
80	581.59	738.14	738.14	650.95	693.02	764.82	826.54	621.06	810.15	810.15	703.03	748.47	826.01	892.66
85	847.47	1073.65	1073.65	946.83	1008.02	1099.44	1188.16	907.27	1178.65	1178.65	1024.25	1090.44	1189.34	1285.32
90	1329.36	1655.22	1655.22	1459.69	1554.03	1720.86	1859.72	1424.01	1817.96	1817.96	1577.57	1679.53	1859.83	2009.91
94	1827.87	2348.62	2348.62	2071.19	2205.05	2390.09	2582.95	1956.97	2578.08	2578.08	2238.38	2383.06	2583.03	2791.46

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit							Lifetime Maximum: 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	56.54	86.36	109.57	104.72	86.46	96.23	113.11	60.41	94.42	118.95	113.69	95.81	104.49	122.81
30	57.43	92.65	115.86	109.97	92.13	100.00	120.13	63.59	101.28	124.79	118.45	100.88	107.72	129.40
35	61.77	98.34	122.03	115.05	96.08	103.49	127.12	67.41	106.74	131.65	124.12	105.33	111.65	137.16
40	64.41	102.90	127.67	119.98	98.43	110.79	133.93	69.80	110.71	137.58	129.11	107.28	119.40	144.34
45	65.64	103.97	127.93	121.41	98.51	112.82	134.26	71.03	111.44	138.20	130.58	107.75	121.65	144.77
50	65.73	104.96	129.24	123.20	100.00	117.30	137.42	71.49	112.84	138.95	131.85	108.90	126.11	147.75
55	67.32	109.57	131.86	124.63	102.32	123.02	141.84	72.93	120.82	140.83	133.75	116.20	131.38	151.48
60	88.98	146.72	163.17	140.19	140.75	158.46	179.75	96.05	162.39	175.04	154.41	155.03	169.99	192.83
65	128.48	196.31	196.31	189.56	195.24	225.42	251.49	140.09	216.01	216.24	201.53	207.56	242.43	270.48
70	220.33	307.76	307.76	282.21	294.19	334.77	367.53	238.53	336.27	336.64	304.36	317.28	362.74	398.25
75	389.71	531.60	531.60	459.81	489.52	554.72	599.48	418.58	580.43	581.63	506.65	539.39	601.78	649.96
80	668.83	874.16	874.16	758.36	807.37	891.02	962.92	724.96	957.58	958.19	838.23	892.40	964.59	1041.83
85	975.31	1273.73	1273.73	1104.91	1176.30	1282.99	1386.52	1056.33	1393.05	1394.85	1220.15	1298.99	1387.66	1498.77
90	1531.29	1962.85	1962.85	1701.89	1811.89	2006.40	2168.30	1659.28	2148.69	2149.98	1879.71	2001.21	2171.12	2344.23
94	2104.51	2785.61	2785.61	2415.29	2571.39	2787.19	3012.09	2280.38	3047.76	3050.90	2667.18	2839.55	3015.70	3255.89

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit							Lifetime Maximum: Unlimited						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	64.27	102.47	128.32	122.66	105.16	112.75	132.50	71.41	117.41	148.12	141.58	121.36	130.10	152.92
30	69.74	109.90	133.72	126.93	109.62	115.44	138.67	76.95	125.02	155.46	147.58	127.44	134.21	161.23
35	73.05	115.14	141.26	133.19	114.57	119.81	147.20	82.48	132.62	162.72	153.41	131.96	138.01	169.54
40	75.18	118.52	147.49	138.23	116.12	128.00	154.74	84.29	136.47	168.52	157.95	132.67	146.25	176.80
45	76.42	118.90	148.46	139.75	116.99	130.47	155.27	84.44	137.61	169.35	159.42	133.48	148.85	177.13
50	77.24	120.71	148.65	140.50	117.80	134.92	158.07	85.35	139.91	170.95	161.57	135.47	155.16	181.78
55	78.54	132.07	149.79	142.86	130.07	139.74	161.11	86.31	150.49	171.03	163.16	148.54	159.57	183.99
60	103.12	178.05	186.91	168.63	169.31	181.52	205.90	117.00	208.70	220.76	199.16	199.96	214.40	243.19
65	151.70	235.70	236.16	213.49	219.88	259.43	289.46	169.67	271.10	271.10	245.06	252.40	297.79	332.26
70	256.72	364.78	365.52	326.50	340.37	390.70	428.96	287.53	398.14	398.14	355.64	370.75	425.59	467.25
75	447.44	629.25	631.65	553.48	589.25	648.84	700.43	500.08	688.02	688.02	603.57	642.58	706.78	763.81
80	781.08	1040.99	1042.22	918.10	977.43	1038.15	1120.74	875.14	1135.23	1135.23	1001.13	1065.83	1130.85	1222.10
85	1137.34	1512.36	1515.97	1335.39	1421.68	1492.33	1611.01	1275.20	1651.25	1651.25	1456.20	1550.31	1625.59	1756.76
90	1787.26	2334.52	2337.11	2057.53	2190.52	2335.83	2520.15	2000.32	2545.67	2545.67	2244.96	2390.05	2544.41	2749.72
94	2456.25	3309.90	3316.18	2919.06	3107.71	3244.20	3499.68	2750.44	3612.11	3612.11	3185.43	3391.30	3533.89	3819.05

GENWORTH LIFE INSURANCE COMPANY

Table A-2

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit							Lifetime Maximum: 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	30.91	50.42	65.79	62.89	52.11	57.78	67.92	41.20	63.71	82.32	78.68	65.85	72.30	84.99
30	33.69	53.82	68.79	65.29	54.86	59.38	71.33	44.45	67.91	85.97	81.61	69.23	74.22	89.16
35	36.47	57.21	71.73	67.63	56.92	60.84	74.73	47.69	72.12	89.57	84.45	71.75	75.97	93.33
40	38.50	59.98	75.16	71.16	58.31	65.23	78.86	50.34	75.10	93.71	88.72	73.01	81.32	98.31
45	39.03	60.40	75.63	71.90	58.59	67.14	79.89	51.02	75.13	94.13	89.49	73.60	83.56	99.44
50	40.96	61.01	77.24	73.00	59.07	70.11	82.13	51.39	76.22	98.63	93.22	73.79	89.52	104.88
55	42.39	61.54	82.18	76.13	60.75	76.68	88.42	53.56	79.23	102.00	94.48	78.21	95.17	109.73
60	57.36	86.23	90.78	82.30	82.62	88.17	100.01	67.47	105.14	119.49	100.34	100.74	116.04	131.63
65	84.44	118.92	118.92	107.50	110.72	128.40	143.26	98.68	151.50	151.50	136.94	141.04	162.17	180.94
70	135.80	178.96	178.96	159.86	166.65	185.65	203.82	162.91	228.42	228.42	204.04	212.70	239.58	263.04
75	232.72	300.49	300.49	263.62	280.65	313.82	339.14	292.51	383.39	383.39	336.33	358.07	413.12	446.45
80	407.26	495.81	495.81	437.24	465.50	502.11	542.63	511.89	632.59	632.59	557.86	593.92	660.98	714.32
85	593.43	721.18	721.18	635.99	677.10	721.79	780.03	745.90	920.13	920.13	811.43	863.88	950.16	1026.83
90	930.88	1111.82	1111.82	980.49	1043.86	1129.75	1220.91	1170.05	1418.52	1418.52	1250.97	1331.81	1487.21	1607.21
94	1279.96	1577.57	1577.57	1391.23	1481.14	1569.10	1695.71	1608.83	2012.78	2012.78	1775.01	1889.73	2065.57	2232.24

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit							Lifetime Maximum: 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	44.91	70.13	91.87	87.81	72.49	80.68	94.84	52.40	80.14	106.37	101.65	83.94	93.41	109.81
30	47.78	75.23	96.40	91.52	76.69	83.23	99.99	54.94	87.77	110.51	104.90	87.92	95.42	114.62
35	50.64	80.34	100.91	95.14	79.93	85.58	105.13	57.88	90.07	114.71	108.12	90.83	97.27	119.47
40	53.70	83.89	105.00	99.41	81.56	91.13	110.16	60.71	95.38	120.13	113.32	93.22	104.68	126.56
45	54.66	84.15	105.47	99.78	81.63	93.17	110.87	61.98	95.85	120.84	114.65	93.54	106.76	127.04
50	55.09	85.23	112.13	105.98	82.52	101.77	119.23	62.53	96.31	122.69	115.98	94.49	111.39	130.48
55	57.91	87.69	113.55	106.75	86.55	105.95	122.16	64.34	100.52	125.73	118.18	95.83	117.28	135.24
60	75.94	119.96	133.25	114.48	114.94	129.41	146.79	88.25	136.51	154.19	132.47	133.01	149.75	169.87
65	105.96	168.13	168.13	151.98	156.53	180.71	201.63	120.22	186.80	186.80	177.86	183.18	211.48	235.95
70	181.04	257.62	257.62	230.12	239.90	272.97	299.70	208.72	290.07	290.07	265.52	276.79	314.98	345.80
75	327.50	436.60	436.60	383.01	407.77	462.08	499.37	367.91	500.46	500.46	432.92	460.90	522.28	564.42
80	590.31	749.21	749.21	660.71	703.42	776.29	838.94	630.38	822.30	822.30	713.58	759.70	838.40	906.05
85	860.18	1089.75	1089.75	961.03	1023.14	1115.93	1205.98	920.88	1196.33	1196.33	1039.61	1106.80	1207.18	1304.60
90	1349.30	1680.05	1680.05	1481.59	1577.34	1746.67	1887.62	1445.37	1845.23	1845.23	1601.23	1704.72	1887.73	2040.06
94	1855.29	2383.85	2383.85	2102.26	2238.13	2425.94	2621.69	1986.32	2616.75	2616.75	2271.96	2418.81	2621.78	2833.33

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit							Lifetime Maximum: 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	57.39	87.66	111.21	106.29	87.76	97.67	114.81	61.31	95.84	120.73	115.40	97.25	106.06	124.65
30	58.29	94.04	117.60	111.62	93.51	101.50	121.93	64.54	102.80	126.67	120.23	102.39	109.34	131.34
35	62.70	99.82	123.86	116.78	97.52	105.04	129.03	68.43	108.35	133.62	125.99	106.91	113.33	139.22
40	65.38	104.44	129.59	121.78	99.91	112.45	135.94	70.85	112.37	139.65	131.04	108.89	121.19	146.50
45	66.62	105.53	129.85	123.23	99.99	114.51	136.27	72.10	113.11	140.27	132.54	109.37	123.47	146.94
50	66.72	106.53	131.18	125.05	101.50	119.06	139.48	72.56	114.53	141.03	133.83	110.54	128.00	149.96
55	68.33	111.21	133.84	126.50	103.85	124.87	143.97	74.03	122.63	142.94	135.75	117.94	133.36	153.75
60	90.31	148.92	165.62	142.29	142.86	160.84	182.45	97.49	164.82	177.67	156.73	157.36	172.54	195.72
65	130.41	199.25	199.25	192.40	198.17	228.80	255.26	142.20	219.25	219.48	204.55	210.68	246.06	274.53
70	223.63	312.38	312.38	286.44	298.60	339.79	373.04	242.10	341.32	341.69	308.92	322.04	368.18	404.22
75	395.56	539.57	539.57	466.71	496.86	563.04	608.47	424.86	589.13	590.35	514.25	547.48	610.81	659.71
80	678.86	887.27	887.27	769.74	819.48	904.39	977.36	735.83	971.94	972.56	850.81	905.79	979.06	1057.46
85	989.94	1292.84	1292.84	1121.48	1193.94	1302.23	1407.32	1072.17	1413.95	1415.78	1238.45	1318.48	1408.47	1521.25
90	1554.26	1992.29	1992.29	1727.42	1839.07	2036.50	2200.82	1684.17	2180.92	2182.23	1907.91	2031.23	2203.69	2379.39
94	2136.08	2827.39	2827.39	2451.52	2609.96	2829.00	3057.27	2314.59	3093.47	3096.66	2707.19	2882.15	3060.93	3304.73

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit							Lifetime Maximum: Unlimited						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	65.23	104.01	130.24	124.50	106.74	114.44	134.49	72.48	119.17	150.34	143.70	123.18	132.05	155.21
30	70.79	111.55	135.73	128.83	111.26	117.17	140.75	78.10	126.90	157.79	149.79	129.35	136.22	163.65
35	74.15	116.87	143.38	135.19	116.29	121.61	149.41	83.72	134.61	165.16	155.71	133.94	140.08	172.08
40	76.31	120.30	149.70	140.30	117.86	129.92	157.06	85.55	138.52	171.05	160.32	134.66	148.44	179.45
45	77.57	120.68	150.69	141.85	118.74	132.43	157.60	85.71	139.67	171.89	161.81	135.48	151.08	179.79
50	78.40	122.52	150.88	142.61	119.57	136.94	160.44	86.63	142.01	173.51	163.99	137.50	157.49	184.51
55	79.72	134.05	152.04	145.00	132.02	141.84	163.53	87.60	152.75	173.60	165.61	150.77	161.96	186.75
60	104.67	180.72	189.71	171.16	171.85	184.24	208.99	118.76	211.83	224.07	202.15	202.96	217.62	246.84
65	153.98	239.24	239.70	216.69	223.18	263.32	293.80	172.22	275.17	275.17	248.74	256.19	302.26	337.24
70	260.57	370.25	371.00	331.40	345.48	396.56	435.39	291.84	404.11	404.11	360.97	376.31	431.97	474.26
75	454.15	638.69	641.12	561.78	598.09	658.57	710.94	507.58	698.34	698.34	612.62	652.22	717.38	775.27
80	792.80	1056.60	1057.85	931.87	992.09	1053.72	1137.55	888.27	1152.26	1152.26	1016.15	1081.82	1147.81	1240.43
85	1154.40	1535.05	1538.71	1355.42	1443.01	1514.71	1635.18	1294.33	1676.02	1676.02	1478.04	1573.56	1649.97	1783.11
90	1814.07	2369.54	2372.17	2088.39	2223.38	2370.87	2557.95	2030.32	2583.86	2583.86	2278.63	2425.90	2582.58	2790.97
94	2493.09	3359.55	3365.92	2962.85	3154.33	3292.86	3552.18	2791.70	3666.29	3666.29	3233.21	3442.17	3586.90	3876.34

GENWORTH LIFE INSURANCE COMPANY

Table A-3

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit							Lifetime Maximum: 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	19.01	40.04	52.25	49.93	41.38	45.88	53.93	23.37	48.81	63.07	60.29	50.46	55.40	65.11
30	19.61	42.89	54.82	52.05	43.72	47.33	56.85	23.66	52.04	65.87	62.53	53.05	56.86	68.32
35	20.00	45.76	57.39	54.11	45.54	48.67	59.79	23.68	55.26	68.63	64.70	54.97	58.21	71.51
40	20.96	48.28	60.51	57.29	46.94	52.51	63.48	23.80	57.54	71.80	67.98	55.94	62.31	75.33
45	21.09	49.11	61.48	58.46	47.63	54.58	64.95	24.12	58.24	72.96	69.37	57.05	64.78	77.08
50	25.16	53.09	67.21	63.52	51.40	61.00	71.47	28.17	62.73	81.18	76.72	60.73	73.68	86.31
55	32.07	55.30	73.86	68.41	54.59	68.91	79.45	36.96	69.68	89.70	83.09	68.77	83.69	96.50
60	47.20	77.45	81.52	73.91	74.20	79.19	89.82	52.30	93.46	106.21	89.20	89.55	103.15	117.01
65	72.68	106.86	106.86	96.60	99.49	115.38	128.73	84.93	136.14	136.14	123.05	126.74	145.72	162.59
70	128.12	168.84	168.84	150.82	157.23	175.15	192.30	152.01	215.50	215.50	192.50	200.68	226.03	248.16
75	221.65	286.20	286.20	251.07	267.30	298.89	323.01	278.60	365.15	365.15	320.33	341.04	393.46	425.21
80	395.20	481.13	481.13	424.30	451.72	487.25	526.56	496.75	613.86	613.86	541.35	576.34	641.41	693.18
85	575.87	699.83	699.83	617.17	657.06	700.42	756.94	723.83	892.90	892.90	787.42	838.31	922.04	996.44
90	903.32	1078.92	1078.92	951.47	1012.96	1096.31	1184.78	1135.43	1376.54	1376.54	1213.94	1292.39	1443.19	1559.65
94	1242.08	1530.89	1530.89	1350.05	1437.31	1522.66	1645.52	1561.22	1953.20	1953.20	1722.48	1833.80	2004.44	2166.18

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit							Lifetime Maximum: 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	24.44	53.73	70.39	67.28	55.54	61.82	72.67	28.52	61.41	81.51	77.89	64.32	71.57	84.14
30	25.67	57.64	73.86	70.12	58.76	63.77	76.61	29.52	67.25	84.68	80.38	67.37	73.11	87.83
35	25.90	61.56	77.32	72.89	61.25	65.58	80.56	29.60	69.01	87.89	82.84	69.60	74.53	91.54
40	26.40	64.28	80.46	76.16	62.49	69.82	84.41	29.85	73.08	92.04	86.83	71.43	80.20	96.97
45	26.54	65.24	81.76	77.35	63.28	72.22	85.94	30.10	74.30	93.67	88.88	72.51	82.76	98.48
50	31.82	70.15	92.29	87.22	67.92	83.76	98.13	36.11	79.26	100.98	95.46	77.77	91.68	107.39
55	42.18	77.12	99.86	93.88	76.11	93.17	107.43	46.86	88.40	110.57	103.93	84.27	103.15	118.94
60	59.65	107.74	119.67	102.81	103.23	116.23	131.83	69.32	122.59	138.47	118.97	119.45	134.49	152.55
65	92.18	151.09	151.09	136.56	140.66	162.39	181.19	104.58	167.86	167.86	159.83	164.60	190.03	212.02
70	170.79	243.04	243.04	217.11	226.33	257.53	282.75	196.92	273.66	273.66	250.51	261.14	297.17	326.25
75	311.93	415.84	415.84	364.79	388.37	440.10	475.61	350.40	476.65	476.65	412.33	438.98	497.44	537.57
80	572.84	727.03	727.03	641.16	682.59	753.32	814.10	611.72	797.97	797.97	692.45	737.21	813.59	879.24
85	834.72	1057.50	1057.50	932.59	992.85	1082.91	1170.29	893.62	1160.92	1160.92	1008.85	1074.04	1171.45	1265.99
90	1309.37	1630.32	1630.32	1437.74	1530.66	1694.97	1831.74	1402.60	1790.62	1790.62	1553.84	1654.27	1831.85	1979.68
94	1800.38	2313.30	2313.30	2040.04	2171.89	2354.14	2544.10	1927.54	2539.31	2539.31	2204.71	2347.22	2544.18	2749.47

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit							Lifetime Maximum: 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	31.24	67.17	85.21	81.44	67.24	74.84	87.96	34.32	73.43	92.51	88.42	74.51	81.27	95.51
30	31.32	72.05	90.10	85.53	71.65	77.77	93.43	34.54	78.76	97.05	92.13	78.45	83.78	100.64
35	32.07	76.48	94.90	89.48	74.72	80.49	98.86	34.92	83.02	102.38	96.54	81.91	86.83	106.67
40	32.14	80.02	99.29	93.30	76.55	86.16	104.16	35.21	86.10	107.00	100.40	83.43	92.86	112.25
45	32.35	81.80	100.66	95.53	77.51	88.77	105.64	35.63	87.68	108.74	102.75	84.78	95.72	113.91
50	38.52	87.68	107.97	102.92	83.54	97.99	114.69	41.90	94.26	116.08	110.15	90.97	105.35	123.42
55	49.77	97.80	117.70	111.25	91.34	109.82	126.62	53.92	107.85	125.71	119.39	103.72	117.28	135.22
60	70.94	133.75	148.74	127.79	128.30	144.45	163.85	76.57	148.03	159.56	140.76	141.32	154.96	175.77
65	113.44	179.05	179.05	172.89	178.08	205.60	229.38	123.69	197.02	197.22	183.81	189.31	221.11	246.70
70	210.99	294.71	294.71	270.25	281.72	320.58	351.95	228.42	322.01	322.37	291.46	303.83	347.36	381.36
75	376.75	513.91	513.91	444.51	473.23	536.25	579.53	404.65	561.11	562.27	489.79	521.44	581.75	628.33
80	658.77	861.01	861.01	746.95	795.23	877.62	948.43	714.05	943.17	943.78	825.62	878.98	950.08	1026.16
85	960.64	1254.57	1254.57	1088.29	1158.61	1263.70	1365.67	1040.44	1372.09	1373.87	1201.80	1279.46	1366.79	1476.23
90	1508.26	1933.33	1933.33	1676.29	1784.64	1976.23	2135.69	1634.32	2116.37	2117.65	1851.44	1971.11	2138.47	2308.97
94	2072.85	2743.72	2743.72	2378.96	2532.72	2745.27	2966.79	2246.08	3001.92	3005.02	2627.06	2796.85	2970.34	3206.92

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit							Lifetime Maximum: Unlimited						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	37.39	79.69	99.80	95.39	81.78	87.69	103.05	41.54	91.31	115.19	110.11	94.38	101.18	118.93
30	37.75	85.47	103.99	98.72	85.25	89.78	107.85	41.66	97.23	120.90	114.78	99.11	104.37	125.39
35	37.77	89.55	109.86	103.59	89.10	93.17	114.47	42.65	103.14	126.54	119.31	102.63	107.33	131.86
40	38.27	92.17	114.71	107.50	90.30	99.55	120.34	42.90	106.13	131.06	122.84	103.18	113.74	137.50
45	38.91	93.55	116.81	109.96	92.05	102.66	122.17	42.99	108.27	133.24	125.43	105.02	117.11	139.36
50	45.27	100.83	124.18	117.37	98.40	112.71	132.05	50.02	116.88	142.81	134.97	113.17	129.62	151.85
55	58.06	117.89	133.71	127.53	116.10	124.73	143.81	63.80	134.34	152.67	145.64	132.60	142.43	164.23
60	82.20	162.30	170.38	153.72	154.34	165.47	187.69	93.28	190.24	201.23	181.55	182.27	195.43	221.68
65	133.94	214.98	215.39	194.72	200.54	236.62	264.01	149.81	247.26	247.26	223.52	230.20	271.61	303.05
70	245.84	349.31	350.02	312.66	325.94	374.14	410.77	275.34	381.26	381.26	340.56	355.03	407.55	447.44
75	432.55	608.31	610.62	535.06	569.64	627.24	677.12	483.43	665.12	665.12	583.49	621.19	683.25	738.39
80	769.33	1025.33	1026.54	904.29	962.73	1022.53	1103.88	861.98	1118.16	1118.16	986.07	1049.80	1113.85	1203.72
85	1120.23	1489.61	1493.16	1315.31	1400.30	1469.88	1586.78	1256.02	1626.42	1626.42	1434.29	1526.99	1601.14	1730.34
90	1760.38	2299.41	2301.96	2026.59	2157.57	2300.70	2482.25	1970.23	2507.38	2507.38	2211.19	2354.11	2506.14	2708.36
94	2419.31	3260.12	3266.31	2875.15	3060.97	3195.41	3447.05	2709.07	3557.78	3557.78	3137.52	3340.30	3480.74	3761.61

GENWORTH LIFE INSURANCE COMPANY

Table A-4

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit							Lifetime Maximum: 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	19.01	40.04	52.25	49.93	41.38	45.88	53.93	23.37	48.81	63.07	60.29	50.46	55.40	65.11
30	19.61	42.89	54.82	52.05	43.72	47.33	56.85	23.66	52.04	65.87	62.53	53.05	56.86	68.32
35	20.00	45.76	57.39	54.11	45.54	48.67	59.79	23.68	55.26	68.63	64.70	54.97	58.21	71.51
40	20.96	48.28	60.51	57.29	46.94	52.51	63.48	23.80	57.54	71.80	67.98	55.94	62.31	75.33
45	21.09	49.11	61.48	58.46	47.63	54.58	64.95	24.12	58.24	72.96	69.37	57.05	64.78	77.08
50	25.16	53.09	67.21	63.52	51.40	61.00	71.47	28.17	62.73	81.18	76.72	60.73	73.68	86.31
55	32.07	55.30	73.86	68.41	54.59	68.91	79.45	36.96	69.68	89.70	83.09	68.77	83.69	96.50
60	47.20	77.45	81.52	73.91	74.20	79.19	89.82	52.30	93.46	106.21	89.20	89.55	103.15	117.01
65	72.68	106.86	106.86	96.60	99.49	115.38	128.73	84.93	136.14	136.14	123.05	126.74	145.72	162.59
70	130.56	172.06	172.06	153.69	160.22	178.49	195.96	154.90	219.61	219.61	196.16	204.50	230.34	252.88
75	225.83	291.60	291.60	255.81	272.34	304.53	329.11	283.86	372.04	372.04	326.38	347.48	400.89	433.23
80	402.52	490.04	490.04	432.16	460.09	496.28	536.32	505.95	625.23	625.23	551.38	587.02	653.29	706.01
85	586.53	712.79	712.79	628.60	669.23	713.39	770.96	737.23	909.44	909.44	802.00	853.83	939.11	1014.89
90	920.05	1098.90	1098.90	969.09	1031.72	1116.61	1206.72	1156.45	1402.03	1402.03	1236.42	1316.33	1469.92	1588.53
94	1265.08	1559.24	1559.24	1375.06	1463.92	1550.86	1675.99	1590.13	1989.37	1989.37	1754.38	1867.76	2041.56	2206.29

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit							Lifetime Maximum: 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	24.44	53.73	70.39	67.28	55.54	61.82	72.67	28.52	61.41	81.51	77.89	64.32	71.57	84.14
30	25.67	57.64	73.86	70.12	58.76	63.77	76.61	29.52	67.25	84.68	80.38	67.37	73.11	87.83
35	25.90	61.56	77.32	72.89	61.25	65.58	80.56	29.60	69.01	87.89	82.84	69.60	74.53	91.54
40	26.40	64.28	80.46	76.16	62.49	69.82	84.41	29.85	73.08	92.04	86.83	71.43	80.20	96.97
45	26.54	65.24	81.76	77.35	63.28	72.22	85.94	30.10	74.30	93.67	88.88	72.51	82.76	98.48
50	31.82	70.15	92.29	87.22	67.92	83.76	98.13	36.11	79.26	100.98	95.46	77.77	91.68	107.39
55	42.18	77.12	99.86	93.88	76.11	93.17	107.43	46.86	88.40	110.57	103.93	84.27	103.15	118.94
60	59.65	107.74	119.67	102.81	103.23	116.23	131.83	69.32	122.59	138.47	118.97	119.45	134.49	152.55
65	92.18	151.09	151.09	136.56	140.66	162.39	181.19	104.58	167.86	167.86	159.83	164.60	190.03	212.02
70	174.05	247.67	247.67	221.24	230.64	262.44	288.14	200.67	278.87	278.87	255.28	266.11	302.83	332.46
75	317.81	423.68	423.68	371.67	395.70	448.41	484.59	357.02	485.64	485.64	420.11	447.26	506.82	547.71
80	583.45	740.50	740.50	653.04	695.23	767.27	829.18	623.05	812.75	812.75	705.28	750.86	828.65	895.52
85	850.18	1077.09	1077.09	949.86	1011.24	1102.96	1191.96	910.17	1182.42	1182.42	1027.53	1093.93	1193.15	1289.43
90	1333.62	1660.52	1660.52	1464.36	1559.01	1726.36	1865.67	1428.57	1823.78	1823.78	1582.61	1684.90	1865.78	2016.34
94	1833.72	2356.13	2356.13	2077.82	2212.11	2397.74	2591.22	1963.24	2586.33	2586.33	2245.54	2390.69	2591.29	2800.39

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit							Lifetime Maximum: 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	31.24	67.17	85.21	81.44	67.24	74.84	87.96	34.32	73.43	92.51	88.42	74.51	81.27	95.51
30	31.32	72.05	90.10	85.53	71.65	77.77	93.43	34.54	78.76	97.05	92.13	78.45	83.78	100.64
35	32.07	76.48	94.90	89.48	74.72	80.49	98.86	34.92	83.02	102.38	96.54	81.91	86.83	106.67
40	32.14	80.02	99.29	93.30	76.55	86.16	104.16	35.21	86.10	107.00	100.40	83.43	92.86	112.25
45	32.35	81.80	100.66	95.53	77.51	88.77	105.64	35.63	87.68	108.74	102.75	84.78	95.72	113.91
50	38.52	87.68	107.97	102.92	83.54	97.99	114.79	41.90	94.26	116.08	110.15	90.97	105.35	123.42
55	49.77	97.80	117.70	111.25	91.34	109.82	126.62	53.92	107.85	125.71	119.39	103.72	117.28	135.22
60	70.94	133.75	148.74	127.79	128.30	144.45	163.85	76.57	148.03	159.56	140.76	141.32	154.96	175.77
65	113.44	179.05	179.05	172.89	178.08	205.60	229.38	123.69	197.02	197.22	183.81	189.31	221.11	246.70
70	215.01	300.33	300.33	275.40	287.08	326.68	358.65	232.77	328.15	328.51	297.01	309.62	353.97	388.62
75	383.85	523.61	523.61	452.90	482.16	546.37	590.47	412.29	571.70	572.88	499.03	531.28	592.73	640.18
80	670.97	876.95	876.95	760.78	809.95	893.87	966.00	727.27	960.64	961.25	840.91	895.26	967.67	1045.16
85	978.43	1277.80	1277.80	1108.45	1180.07	1287.10	1390.96	1059.71	1397.50	1399.31	1224.06	1303.15	1392.10	1503.56
90	1536.19	1969.13	1969.13	1707.33	1817.68	2012.82	2175.24	1664.59	2155.56	2156.86	1885.73	2007.61	2178.07	2351.73
94	2111.24	2794.53	2794.53	2423.01	2579.62	2796.11	3021.73	2287.68	3057.51	3060.67	2675.71	2848.64	3025.35	3266.31

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit							Lifetime Maximum: Unlimited						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	37.39	79.69	99.80	95.39	81.78	87.69	103.05	41.54	91.31	115.19	110.11	94.38	101.18	118.93
30	37.75	85.47	103.99	98.72	85.25	89.78	107.85	41.66	97.23	120.90	114.78	99.11	104.37	125.39
35	37.77	89.55	109.86	103.59	89.10	93.17	114.47	42.65	103.14	126.54	119.31	102.63	107.33	131.86
40	38.27	92.17	114.71	107.50	90.30	99.55	120.34	42.90	106.13	131.06	122.84	103.18	113.74	137.50
45	38.91	93.55	116.81	109.96	92.05	102.66	122.17	42.99	108.27	133.24	125.43	105.02	117.11	139.36
50	45.27	100.83	124.18	117.37	98.40	112.71	132.05	50.02	116.88	142.81	134.97	113.17	129.62	151.85
55	58.06	117.89	133.71	127.53	116.10	124.73	143.81	63.80	134.34	152.67	145.64	132.60	142.43	164.23
60	82.20	162.30	170.38	153.72	154.34	165.47	187.69	93.28	190.24	201.23	181.55	182.27	195.43	221.68
65	133.94	214.98	215.39	194.72	200.54	236.62	264.01	149.81	247.26	247.26	223.52	230.20	271.61	303.05
70	250.52	355.97	356.68	318.61	332.15	381.26	418.59	280.59	388.52	388.52	347.04	361.79	415.31	455.96
75	440.72	619.79	622.14	545.15	580.39	639.08	689.89	492.56	677.67	677.67	594.50	632.91	696.15	752.32
80	783.57	1044.32	1045.55	921.04	980.56	1041.47	1124.32	877.94	1138.86	1138.86	1004.33	1069.24	1134.47	1226.02
85	1140.98	1517.20	1520.82	1339.67	1426.23	1497.10	1616.16	1279.28	1656.53	1656.53	1460.86	1555.27	1630.79	1762.39
90	1792.98	2341.99	2344.58	2064.12	2197.53	2343.31	2528.22	2006.72	2553.82	2553.82	2252.14	2397.70	2552.55	2758.51
94	2464.11	3320.49	3326.80	2928.40	3117.65	3254.58	3510.88	2759.24	3623.66	3623.66	3195.62	3402.16	3545.20	3831.27

GENWORTH LIFE INSURANCE COMPANY

Table A-5

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit							Lifetime Maximum: 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	18.82	39.64	51.73	49.44	40.97	45.43	53.40	23.14	48.33	62.45	59.69	49.96	54.85	64.47
30	19.42	42.47	54.28	51.53	43.29	46.86	56.29	23.43	51.52	65.22	61.91	52.52	56.30	67.64
35	19.80	45.31	56.82	53.57	45.09	48.19	59.20	23.45	54.71	67.95	64.06	54.43	57.63	70.80
40	20.75	47.80	59.91	56.72	46.48	51.99	62.85	23.56	56.97	71.09	67.31	55.39	61.69	74.58
45	20.88	48.62	60.87	57.88	47.16	54.04	64.31	23.88	57.66	72.24	68.68	56.49	64.14	76.32
50	24.73	52.18	66.05	62.43	50.52	59.95	70.24	27.69	61.65	79.78	75.40	59.69	72.41	84.83
55	31.36	54.08	72.23	66.90	53.39	67.39	77.70	36.15	68.15	87.73	81.26	67.26	81.85	94.38
60	45.83	75.19	79.15	71.76	72.04	76.88	87.20	50.78	90.74	103.12	86.60	86.94	100.15	113.60
65	69.88	102.75	102.75	92.88	95.66	110.94	123.78	81.66	130.90	130.90	118.32	121.87	140.12	156.34
70	122.02	160.80	160.80	143.64	149.74	166.81	183.14	144.77	205.24	205.24	183.33	191.12	215.27	236.34
75	209.10	270.00	270.00	236.86	252.17	281.97	304.73	262.83	344.48	344.48	302.20	321.74	371.19	401.14
80	365.93	445.49	445.49	392.87	418.26	451.16	487.56	459.95	568.39	568.39	501.25	533.65	593.90	641.83
85	533.21	647.99	647.99	571.45	608.39	648.54	700.87	670.21	826.76	826.76	729.09	776.21	853.74	922.63
90	836.41	999.00	999.00	880.99	937.93	1015.10	1097.02	1051.32	1274.57	1274.57	1124.02	1196.66	1336.29	1444.12
94	1150.07	1417.49	1417.49	1250.05	1330.84	1409.87	1523.63	1445.57	1808.52	1808.52	1594.89	1697.96	1855.96	2005.72

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit							Lifetime Maximum: 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	24.20	53.20	69.69	66.61	54.99	61.21	71.95	28.24	60.80	80.70	77.12	63.68	70.86	83.31
30	25.42	57.07	73.13	69.43	58.18	63.14	75.85	29.23	66.58	83.84	79.58	66.70	72.39	86.96
35	25.64	60.95	76.55	72.17	60.64	64.93	79.76	29.31	68.33	87.02	82.02	68.91	73.79	90.63
40	26.14	63.64	79.66	75.41	61.87	69.13	83.57	29.55	72.36	91.13	85.97	70.72	79.41	96.01
45	26.28	64.59	80.95	76.58	62.65	71.50	85.09	29.80	73.56	92.74	88.00	71.79	81.94	97.50
50	31.27	68.94	90.70	85.72	66.75	82.32	96.44	35.49	77.90	99.24	93.82	76.43	90.10	105.54
55	41.25	75.42	97.66	91.81	74.44	91.12	105.07	45.83	86.45	108.14	101.64	82.42	100.88	116.32
60	57.91	104.60	116.18	99.82	100.22	112.84	127.99	67.30	119.02	134.44	115.50	115.97	130.57	148.11
65	88.63	145.28	145.28	131.31	135.25	156.14	174.22	100.56	161.40	161.40	153.68	158.27	182.72	203.87
70	162.66	231.47	231.47	206.77	215.55	245.27	269.29	187.54	260.63	260.63	238.58	248.70	283.02	310.71
75	294.27	392.30	392.30	344.14	366.39	415.19	448.69	330.57	449.67	449.67	388.99	414.13	469.28	507.14
80	530.41	673.18	673.18	593.67	632.03	697.52	753.80	566.41	738.86	738.86	641.16	682.60	753.32	814.11
85	772.89	979.17	979.17	863.51	919.31	1002.69	1083.60	827.43	1074.93	1074.93	934.12	994.48	1084.68	1172.21
90	1212.38	1509.56	1509.56	1331.24	1417.28	1569.42	1696.06	1298.70	1657.98	1657.98	1438.74	1531.73	1696.16	1833.04
94	1667.02	2141.94	2141.94	1888.93	2011.01	2179.76	2355.65	1784.76	2351.21	2351.21	2041.40	2173.35	2355.72	2545.81

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit							Lifetime Maximum: 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	30.93	66.50	84.37	80.63	66.57	74.10	87.09	33.98	72.70	91.59	87.54	73.77	80.46	94.56
30	31.01	71.34	89.21	84.68	70.94	77.00	92.50	34.20	77.98	96.09	91.21	77.68	82.95	99.64
35	31.75	75.72	93.96	88.59	73.98	79.69	97.88	34.58	82.19	101.37	95.58	81.10	85.97	105.61
40	31.82	79.23	98.31	92.38	75.79	85.31	103.13	34.86	85.25	105.94	99.41	82.60	91.94	111.14
45	32.03	80.99	99.66	94.58	76.74	87.89	104.59	35.28	86.81	107.66	101.73	83.94	94.77	112.78
50	37.86	86.17	106.11	101.15	82.10	96.30	112.82	41.18	92.64	114.08	108.25	89.41	103.54	121.30
55	48.67	95.65	115.11	108.80	89.33	107.40	123.83	52.73	105.48	122.94	116.76	101.44	114.70	132.24
60	68.87	129.85	144.41	124.07	124.56	140.24	159.08	74.34	143.71	154.92	136.66	137.20	150.45	170.65
65	109.08	172.16	172.16	166.24	171.23	197.69	220.56	118.94	189.44	189.44	176.74	182.03	212.61	237.21
70	200.94	280.68	280.68	257.38	268.30	305.31	335.19	217.54	306.68	307.02	277.58	289.36	330.82	363.20
75	355.42	484.82	484.82	419.35	446.44	505.90	546.73	381.75	529.35	530.44	462.06	491.92	548.82	592.76
80	609.97	797.23	797.23	691.62	736.32	812.61	878.18	661.16	873.31	873.31	764.47	813.87	879.70	950.15
85	889.48	1161.64	1161.64	1007.68	1072.79	1170.09	1264.51	963.37	1270.46	1272.10	1112.78	1184.68	1265.55	1366.88
90	1396.54	1790.12	1790.12	1552.12	1652.44	1829.84	1977.49	1513.26	1959.60	1960.78	1714.30	1825.10	1980.06	2137.94
94	1919.31	2540.48	2540.48	2202.74	2345.11	2541.92	2747.03	2079.71	2779.56	2782.42	2432.46	2589.67	2750.32	2969.37

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit							Lifetime Maximum: Unlimited						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	37.02	78.90	98.81	94.45	80.97	86.82	102.03	41.13	90.41	114.05	109.02	93.45	100.18	117.75
30	37.38	84.62	102.96	97.74	84.41	88.89	106.78	41.25	96.27	119.70	113.64	98.13	103.34	124.15
35	37.40	88.66	108.77	102.56	88.22	92.25	113.34	42.23	102.12	125.29	118.13	101.61	106.27	130.55
40	37.89	91.26	113.57	106.44	89.41	98.56	119.15	42.48	105.08	129.76	121.62	102.16	112.61	136.14
45	38.52	92.62	115.65	108.87	91.14	101.64	120.96	42.56	107.20	131.92	124.19	103.98	115.95	137.98
50	44.49	99.10	122.04	115.35	96.71	110.77	129.78	49.16	114.87	140.35	132.65	111.22	127.39	149.24
55	56.78	115.30	130.77	124.72	113.55	121.99	140.65	62.40	131.38	149.31	142.44	129.68	139.30	160.62
60	79.81	157.57	165.42	149.24	149.84	160.65	182.22	90.56	184.70	195.37	176.26	176.96	189.74	215.22
65	128.79	206.71	207.11	187.23	192.83	227.52	253.86	144.05	237.75	237.75	214.92	221.35	261.16	291.39
70	234.13	332.68	333.35	297.77	310.42	356.32	391.21	262.23	363.10	363.10	324.34	338.12	388.14	426.13
75	408.07	573.88	576.06	504.77	537.40	591.74	638.79	456.07	627.47	627.47	550.46	586.03	644.58	696.59
80	712.34	949.38	950.50	837.31	891.42	946.79	1022.11	798.13	1035.33	1035.33	913.03	972.04	1031.34	1114.56
85	1037.25	1379.27	1382.56	1217.88	1296.57	1361.00	1469.24	1162.98	1505.94	1505.94	1328.05	1413.88	1482.54	1602.17
90	1629.98	2129.08	2131.44	1876.47	1997.75	2130.28	2298.38	1824.29	2321.65	2321.65	2047.40	2179.73	2320.50	2507.74
94	2240.10	3018.63	3024.36	2662.18	2834.23	2958.71	3191.71	2508.40	3294.24	3294.24	2905.11	3092.87	3222.91	3482.97

GENWORTH LIFE INSURANCE COMPANY

Table A-6

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit							Lifetime Maximum: 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	18.82	39.64	51.73	49.44	40.97	45.43	53.40	23.14	48.33	62.45	59.69	49.96	54.85	64.47
30	19.42	42.47	54.28	51.53	43.29	46.86	56.29	23.43	51.52	65.22	61.91	52.52	56.30	67.64
35	19.80	45.31	56.82	53.57	45.09	48.19	59.20	23.45	54.71	67.95	64.06	54.43	57.63	70.80
40	20.75	47.80	59.91	56.72	46.48	51.99	62.85	23.56	56.97	71.09	67.31	55.39	61.69	74.58
45	20.88	48.62	60.87	57.88	47.16	54.04	64.31	23.88	57.66	72.24	68.68	56.49	64.14	76.32
50	24.73	52.18	66.05	62.43	50.52	59.95	70.24	27.69	61.65	79.78	75.40	59.69	72.41	84.83
55	31.36	54.08	72.23	66.90	53.39	67.39	77.70	36.15	68.15	87.73	81.26	67.26	81.85	94.38
60	45.83	75.19	79.15	71.76	72.04	76.88	87.20	50.78	90.74	103.12	86.60	86.94	100.15	113.60
65	69.88	102.75	102.75	92.88	95.66	110.94	123.78	81.66	130.90	130.90	118.32	121.87	140.12	156.34
70	128.12	168.84	168.84	150.82	157.23	175.15	192.30	152.01	215.50	215.50	192.50	200.68	226.03	248.16
75	221.65	286.20	286.20	251.07	267.30	298.89	323.01	278.60	365.15	365.15	320.33	341.04	393.46	425.21
80	395.20	481.13	481.13	424.30	451.72	487.25	526.56	496.75	613.86	613.86	541.35	576.34	641.41	693.18
85	575.87	699.83	699.83	617.17	657.06	700.42	756.94	723.83	892.90	892.90	787.42	838.31	922.04	996.44
90	903.32	1078.92	1078.92	951.47	1012.96	1096.31	1184.78	1135.43	1376.54	1376.54	1213.94	1292.39	1443.19	1559.65
94	1242.08	1530.89	1530.89	1350.05	1437.31	1522.66	1645.52	1561.22	1953.20	1953.20	1722.48	1833.80	2004.44	2166.18

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit							Lifetime Maximum: 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	24.20	53.20	69.69	66.61	54.99	61.21	71.95	28.24	60.80	80.70	77.12	63.68	70.86	83.31
30	25.42	57.07	73.13	69.43	58.18	63.14	75.85	29.23	66.58	83.84	79.58	66.70	72.39	86.96
35	25.64	60.95	76.55	72.17	60.64	64.93	79.76	29.31	68.33	87.02	82.02	68.91	73.79	90.63
40	26.14	63.64	79.66	75.41	61.87	69.13	83.57	29.55	72.36	91.13	85.97	70.72	79.41	96.01
45	26.28	64.59	80.95	76.58	62.65	71.50	85.09	29.80	73.56	92.74	88.00	71.79	81.94	97.50
50	31.27	68.94	90.70	85.72	66.75	82.32	96.44	35.49	77.90	99.24	93.82	76.43	90.10	105.54
55	41.25	75.42	97.66	91.81	74.44	91.12	105.07	45.83	86.45	108.14	101.64	82.42	100.88	116.32
60	57.91	104.60	116.18	99.82	100.22	112.84	127.99	67.30	119.02	134.44	115.50	115.97	130.57	148.11
65	88.63	145.28	145.28	131.31	135.25	156.14	174.22	100.56	161.40	161.40	153.68	158.27	182.72	203.87
70	170.79	243.04	243.04	217.11	226.33	257.53	282.75	196.92	273.66	273.66	250.51	261.14	297.17	326.25
75	311.93	415.84	415.84	364.79	388.37	440.10	475.61	350.40	476.65	476.65	412.33	438.98	497.44	537.57
80	572.84	727.03	727.03	641.16	682.59	753.32	814.10	611.72	797.97	797.97	692.45	737.21	813.59	879.24
85	834.72	1057.50	1057.50	932.59	992.85	1082.91	1170.29	893.62	1160.92	1160.92	1008.85	1074.04	1171.45	1265.99
90	1309.37	1630.32	1630.32	1437.74	1530.66	1694.97	1831.74	1402.60	1790.62	1790.62	1553.84	1654.27	1831.85	1979.68
94	1800.38	2313.30	2313.30	2040.04	2171.89	2354.14	2544.10	1927.54	2539.31	2539.31	2204.71	2347.22	2544.18	2749.47

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit							Lifetime Maximum: 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	30.93	66.50	84.37	80.63	66.57	74.10	87.09	33.98	72.70	91.59	87.54	73.77	80.46	94.56
30	31.01	71.34	89.21	84.68	70.94	77.00	92.50	34.20	77.98	96.09	91.21	77.68	82.95	99.64
35	31.75	75.72	93.96	88.59	73.98	79.69	97.88	34.58	82.19	101.37	95.58	81.10	85.97	105.61
40	31.82	79.23	98.31	92.38	75.79	85.31	103.13	34.86	85.25	105.94	99.41	82.60	91.94	111.14
45	32.03	80.99	99.66	94.58	76.74	87.89	104.59	35.28	86.81	107.66	101.73	83.94	94.77	112.78
50	37.86	86.17	106.11	101.15	82.10	96.30	112.82	41.18	92.64	114.08	108.25	89.41	103.54	121.30
55	48.67	95.65	115.11	108.80	89.33	107.40	123.83	52.73	105.48	122.94	116.76	101.44	114.70	132.24
60	68.87	129.85	144.41	124.07	124.56	140.24	159.08	74.34	143.71	154.92	136.66	137.20	150.45	170.65
65	109.08	172.16	172.16	166.24	171.23	197.69	220.56	118.94	189.44	189.44	176.74	182.03	212.61	237.21
70	210.99	294.71	294.71	270.25	281.72	320.58	351.95	228.42	322.01	322.37	291.46	303.83	347.36	381.36
75	376.75	513.91	513.91	444.51	473.23	536.25	579.53	404.65	561.11	562.27	489.79	521.44	581.75	628.33
80	658.77	861.01	861.01	746.95	795.23	877.62	948.43	714.05	943.17	943.78	825.62	878.98	950.08	1026.16
85	960.64	1254.57	1254.57	1088.29	1158.61	1263.70	1365.67	1040.44	1372.09	1373.87	1201.80	1279.46	1366.79	1476.23
90	1508.26	1933.33	1933.33	1676.29	1784.64	1976.23	2135.69	1634.32	2116.37	2117.65	1851.44	1971.11	2138.47	2308.97
94	2072.85	2743.72	2743.72	2378.96	2532.72	2745.27	2966.79	2246.08	3001.92	3005.02	2627.06	2796.85	2970.34	3206.92

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit							Lifetime Maximum: Unlimited						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	37.02	78.90	98.81	94.45	80.97	86.82	102.03	41.13	90.41	114.05	109.02	93.45	100.18	117.75
30	37.38	84.62	102.96	97.74	84.41	88.89	106.78	41.25	96.27	119.70	113.64	98.13	103.34	124.15
35	37.40	88.66	108.77	102.56	88.22	92.25	113.34	42.23	102.12	125.29	118.13	101.61	106.27	130.55
40	37.89	91.26	113.57	106.44	89.41	98.56	119.15	42.48	105.08	129.76	121.62	102.16	112.61	136.14
45	38.52	92.62	115.65	108.87	91.14	101.64	120.96	42.56	107.20	131.92	124.19	103.98	115.95	137.98
50	44.49	99.10	122.04	115.35	96.71	110.77	129.78	49.16	114.87	140.35	132.65	111.22	127.39	149.24
55	56.78	115.30	130.77	124.72	113.55	121.99	140.65	62.40	131.38	149.31	142.44	129.68	139.30	160.62
60	79.81	157.57	165.42	149.24	149.84	160.65	182.22	90.56	184.70	195.37	176.26	176.96	189.74	215.22
65	128.79	206.71	207.11	187.23	192.83	227.52	253.86	144.05	237.75	237.75	214.92	221.35	261.16	291.39
70	245.84	349.31	350.02	312.66	325.94	374.14	410.77	275.34	381.26	381.26	340.56	355.03	407.55	447.44
75	432.55	608.31	610.62	535.06	569.64	627.24	677.12	483.43	665.12	665.12	583.49	621.19	683.25	738.39
80	769.33	1025.33	1026.54	904.29	962.73	1022.53	1103.88	861.98	1118.16	1118.16	986.07	1049.80	1113.85	1203.72
85	1120.23	1489.61	1493.16	1315.31	1400.30	1469.88	1586.78	1256.02	1626.42	1626.42	1434.29	1526.99	1601.14	1730.34
90	1760.38	2299.41	2301.96	2026.59	2157.57	2300.70	2482.25	1970.23	2507.38	2507.38	2211.19	2354.11	2506.14	2708.36
94	2419.31	3260.12	3266.31	2875.15	3060.97	3195.41	3447.05	2709.07	3557.78	3557.78	3137.52	3340.30	3480.74	3761.61

GENWORTH LIFE INSURANCE COMPANY

Table A-7

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit							Lifetime Maximum: 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	18.58	39.14	51.08	48.82	40.46	44.86	52.73	22.85	47.73	61.67	58.94	49.34	54.16	63.66
30	19.14	41.85	53.49	50.78	42.66	46.18	55.47	23.09	50.77	64.27	61.01	51.76	55.48	66.66
35	19.50	44.63	55.97	52.77	44.41	47.47	58.31	23.10	53.89	66.93	63.10	53.61	56.77	69.74
40	20.41	47.01	58.92	55.78	45.71	51.13	61.81	23.17	56.03	69.92	66.20	54.48	60.67	73.35
45	20.51	47.77	59.80	56.87	46.33	53.09	63.18	23.46	56.65	70.98	67.48	55.50	63.02	74.98
50	23.99	50.61	64.07	60.56	49.00	58.15	68.13	26.86	59.80	77.39	73.14	57.90	70.24	82.29
55	30.26	52.19	69.70	64.56	51.52	65.03	74.98	34.88	65.76	84.66	78.42	64.91	78.99	91.08
60	44.00	72.18	75.98	68.89	69.16	73.80	83.71	48.75	87.11	99.00	83.14	83.46	96.14	109.06
65	66.39	97.61	97.61	88.24	90.88	105.39	117.59	77.58	124.36	124.36	112.40	115.78	133.11	148.52
70	122.02	160.80	160.80	143.64	149.74	166.81	183.14	144.77	205.24	205.24	183.33	191.12	215.27	236.34
75	209.10	270.00	270.00	236.86	252.17	281.97	304.73	262.83	344.48	344.48	302.20	321.74	371.19	401.14
80	365.93	445.49	445.49	392.87	418.26	451.16	487.56	459.95	568.39	568.39	501.25	533.65	593.90	641.83
85	533.21	647.99	647.99	571.45	608.39	648.54	700.87	670.21	826.76	826.76	729.09	776.21	853.74	922.63
90	836.41	999.00	999.00	880.99	937.93	1015.10	1097.02	1051.32	1274.57	1274.57	1124.02	1196.66	1336.29	1444.12
94	1150.07	1417.49	1417.49	1250.05	1330.84	1409.87	1523.63	1445.57	1808.52	1808.52	1594.89	1697.96	1855.96	2005.72

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit							Lifetime Maximum: 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	23.90	52.54	68.82	65.78	54.30	60.44	71.05	27.89	60.04	79.69	76.16	62.88	69.97	82.27
30	25.05	56.24	72.07	68.42	57.34	62.22	74.75	28.81	65.61	82.62	78.43	65.73	71.34	85.70
35	25.26	60.04	75.40	71.09	59.73	63.96	78.56	28.87	67.31	85.71	80.79	67.88	72.68	89.27
40	25.71	62.59	78.35	74.17	60.85	67.99	82.19	29.06	71.17	89.63	84.55	69.55	78.10	94.43
45	25.82	63.46	79.53	75.24	61.55	70.25	83.60	29.28	72.27	91.12	86.46	70.53	80.51	95.79
50	30.33	66.87	87.98	83.15	64.75	79.85	93.55	34.43	75.56	96.26	91.01	74.14	87.40	102.37
55	39.81	72.78	94.24	88.60	71.83	87.93	101.39	44.23	83.42	104.36	98.08	79.54	97.35	112.25
60	55.59	100.42	111.53	95.83	96.21	108.33	122.87	64.61	114.26	129.06	110.88	111.33	125.35	142.19
65	84.20	138.02	138.02	124.74	128.49	148.33	165.51	95.53	153.33	153.33	146.00	150.36	173.58	193.68
70	162.66	231.47	231.47	206.77	215.55	245.27	269.29	187.54	260.63	260.63	238.58	248.70	283.02	310.71
75	294.27	392.30	392.30	344.14	366.39	415.19	448.69	330.57	449.67	449.67	388.99	414.13	469.28	507.14
80	530.41	673.18	673.18	593.67	632.03	697.52	753.80	566.41	738.86	738.86	641.16	682.60	753.32	814.11
85	772.89	979.17	979.17	863.51	919.31	1002.69	1083.60	827.43	1074.93	1074.93	934.12	994.48	1084.68	1172.21
90	1212.38	1509.56	1509.56	1331.24	1417.28	1569.42	1696.06	1298.70	1657.98	1657.98	1438.74	1531.73	1696.16	1833.04
94	1667.02	2141.94	2141.94	1888.93	2011.01	2179.76	2355.65	1784.76	2351.21	2351.21	2041.40	2173.35	2355.72	2545.81

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit							Lifetime Maximum: 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	30.54	65.67	83.32	79.62	65.74	73.17	86.00	33.55	71.79	90.45	86.45	72.85	79.45	93.38
30	30.56	70.31	87.92	83.45	69.91	75.88	91.16	33.70	76.85	94.70	89.89	76.55	81.74	98.20
35	31.27	74.58	92.55	87.26	72.87	78.49	96.41	34.06	80.96	99.85	94.14	79.89	84.68	104.03
40	31.29	77.92	96.69	90.86	74.54	83.90	101.43	34.28	83.84	104.20	97.77	81.24	90.42	109.31
45	31.47	79.57	97.92	92.92	75.40	86.35	102.76	34.66	85.29	105.78	99.94	82.48	93.11	110.80
50	36.72	83.58	102.93	98.12	79.64	93.41	109.44	39.94	89.86	110.66	105.01	86.73	100.43	117.67
55	46.97	92.30	111.08	104.99	86.20	103.64	119.50	50.88	101.78	118.64	112.67	97.89	110.68	127.62
60	66.12	124.66	138.63	119.11	119.58	134.63	152.72	71.37	137.97	148.72	131.19	131.72	144.43	163.83
65	103.63	163.55	163.55	157.93	162.67	187.81	209.53	112.99	179.96	180.15	167.90	172.93	201.98	225.35
70	200.94	280.68	280.68	257.38	268.30	305.31	335.19	217.54	306.68	307.02	277.58	289.36	330.82	363.20
75	355.42	484.82	484.82	419.35	446.44	505.90	546.73	381.75	529.35	530.44	462.06	491.92	548.82	592.76
80	609.97	797.23	797.23	691.62	736.32	812.61	878.18	661.16	873.31	873.87	764.47	813.87	879.70	950.15
85	889.48	1161.64	1161.64	1007.68	1072.79	1170.09	1264.51	963.37	1270.46	1272.10	1112.78	1184.68	1265.55	1366.88
90	1396.54	1790.12	1790.12	1552.12	1652.44	1829.84	1977.49	1513.26	1959.60	1960.78	1714.30	1825.10	1980.06	2137.94
94	1919.31	2540.48	2540.48	2202.74	2345.11	2541.92	2747.03	2079.71	2779.56	2782.42	2432.46	2589.67	2750.32	2969.37

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit							Lifetime Maximum: Unlimited						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	36.56	77.91	97.57	93.27	79.96	85.73	100.75	40.62	89.28	112.62	107.66	92.28	98.93	116.28
30	36.84	83.39	101.47	96.32	83.19	87.60	105.23	40.65	94.87	117.96	111.99	96.71	101.84	122.35
35	36.84	87.33	107.14	101.02	86.90	90.87	111.64	41.60	100.59	123.41	116.36	100.09	104.68	128.59
40	37.26	89.75	111.70	104.68	87.93	96.93	117.18	41.78	103.35	127.62	119.61	100.47	110.75	133.89
45	37.85	91.00	113.63	106.96	89.55	99.86	118.84	41.82	105.32	129.61	122.02	102.16	113.92	135.57
50	43.16	96.13	118.38	111.89	93.81	107.45	125.89	47.69	111.42	136.14	128.67	107.88	123.57	144.76
55	54.79	111.26	126.19	120.35	109.58	117.72	135.73	60.22	126.78	144.08	137.45	125.14	134.42	155.00
60	76.62	151.27	158.80	143.27	143.85	154.22	174.93	86.94	177.31	187.56	169.21	169.88	182.15	206.61
65	122.35	196.37	196.75	177.87	183.19	216.14	241.17	136.85	225.86	225.86	204.17	210.28	248.10	276.82
70	234.13	332.68	333.35	297.77	310.42	356.32	391.21	262.23	363.10	363.10	324.34	338.12	388.14	426.13
75	408.07	573.88	576.06	504.77	537.40	591.74	638.79	456.07	627.47	627.47	550.46	586.03	644.58	696.59
80	712.34	949.38	950.50	837.31	891.42	946.79	1022.11	798.13	1035.33	1035.33	913.03	972.04	1031.34	1114.56
85	1037.25	1379.27	1382.56	1217.88	1296.57	1361.00	1469.24	1162.98	1505.94	1505.94	1328.05	1413.88	1482.54	1602.17
90	1629.98	2129.08	2131.44	1876.47	1997.75	2130.28	2298.38	1824.29	2321.65	2321.65	2047.40	2179.73	2320.50	2507.74
94	2240.10	3018.63	3024.36	2662.18	2834.23	2958.71	3191.71	2508.40	3294.24	3294.24	2905.11	3092.87	3222.91	3482.97

GENWORTH LIFE INSURANCE COMPANY

Table A-8 (These rates apply only to a Core Plan funded by the Policyholder)

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit							Lifetime Maximum: 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	16.00	33.69	43.97	42.02	34.82	38.62	45.39	19.67	41.08	53.08	50.74	42.47	46.62	54.80
30	16.51	36.10	46.14	43.80	36.80	39.83	47.85	19.92	43.79	55.44	52.62	44.64	47.86	57.49
35	16.83	38.51	48.30	45.53	38.33	40.96	50.32	19.93	46.50	57.76	54.45	46.27	48.99	60.18
40	17.64	40.63	50.92	48.21	39.51	44.19	53.42	20.03	48.42	60.43	57.21	47.08	52.44	63.39
45	17.75	41.33	51.74	49.20	40.09	45.93	54.66	20.30	49.01	61.40	58.38	48.02	54.52	64.87
50	21.02	44.35	56.14	53.07	42.94	50.96	59.70	23.54	52.40	67.81	64.09	50.74	61.55	72.11
55	26.66	45.97	61.40	56.87	45.38	57.28	66.05	30.73	57.93	74.57	69.07	57.17	69.57	80.22
60	38.96	63.91	67.28	61.00	61.23	65.35	74.12	43.16	77.13	87.65	73.61	73.90	85.13	96.56
65	59.40	87.34	87.34	78.95	81.31	94.30	105.21	69.41	111.27	111.27	100.57	103.59	119.10	132.89
70	103.72	136.68	136.68	122.09	127.28	141.79	155.67	123.05	174.45	174.45	155.83	162.45	182.98	200.89
75	177.74	229.50	229.50	201.33	214.34	239.67	259.02	223.41	292.81	292.81	256.87	273.48	315.51	340.97
80	311.04	378.67	378.67	333.94	355.52	383.49	414.43	390.96	483.13	483.13	426.06	453.60	504.82	545.56
85	453.23	550.79	550.79	485.73	517.13	551.26	595.74	569.68	702.75	702.75	619.73	659.78	725.68	784.24
90	710.95	849.15	849.15	748.84	797.24	862.84	932.47	893.62	1083.38	1083.38	955.42	1017.16	1135.85	1227.50
94	977.56	1204.87	1204.87	1062.54	1131.21	1198.39	1295.09	1228.73	1537.24	1537.24	1355.66	1443.27	1577.57	1704.86

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit							Lifetime Maximum: 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	20.57	45.22	59.24	56.62	46.74	52.03	61.16	24.00	51.68	68.60	65.55	54.13	60.23	70.81
30	21.61	48.51	62.16	59.02	49.45	53.67	64.47	24.85	56.59	71.26	67.64	56.70	61.53	73.92
35	21.79	51.81	65.07	61.34	51.54	55.19	67.80	24.91	58.08	73.97	69.72	58.57	62.72	77.04
40	22.22	54.09	67.71	64.10	52.59	58.76	71.03	25.12	61.51	77.46	73.07	60.11	67.50	81.61
45	22.34	54.90	68.81	65.09	53.25	60.78	72.33	25.33	62.53	78.83	74.80	61.02	69.65	82.88
50	26.58	58.60	77.10	72.86	56.74	69.97	81.97	30.17	66.22	84.35	79.75	64.97	76.59	89.71
55	35.06	64.11	83.01	78.04	63.27	77.45	89.31	38.96	73.48	91.92	86.39	70.06	85.75	98.87
60	49.22	88.91	98.75	84.85	85.19	95.91	108.79	57.21	101.17	114.27	98.18	98.57	110.98	125.89
65	75.34	123.49	123.49	111.61	114.96	132.72	148.09	85.48	137.19	137.19	130.63	134.53	155.31	173.29
70	138.26	196.75	196.75	175.75	183.22	208.48	228.90	159.41	221.54	221.54	202.79	211.40	240.57	264.10
75	250.13	333.46	333.46	292.52	311.43	352.91	381.39	280.98	382.22	382.22	330.64	352.01	398.89	431.07
80	450.85	572.20	572.20	504.62	537.23	592.89	640.73	481.45	628.03	628.03	544.99	580.21	640.32	691.99
85	656.96	832.29	832.29	733.98	781.41	852.29	921.06	703.32	913.69	913.69	794.00	845.31	921.98	996.38
90	1030.52	1283.13	1283.13	1131.55	1204.69	1334.01	1441.65	1103.90	1409.28	1409.28	1222.93	1301.97	1441.74	1558.08
94	1416.97	1820.65	1820.65	1605.59	1709.36	1852.80	2002.30	1517.05	1998.53	1998.53	1735.19	1847.35	2002.36	2163.94

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit							Lifetime Maximum: 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	26.29	56.53	71.71	68.54	56.58	62.99	74.03	28.88	61.80	77.85	74.41	62.70	68.40	80.38
30	26.36	60.64	75.83	71.98	60.30	65.45	78.63	29.07	66.29	81.68	77.53	66.03	70.51	84.70
35	26.99	64.36	79.87	75.30	62.88	67.74	83.20	29.39	69.86	86.16	81.24	68.94	73.08	89.77
40	27.05	67.35	83.56	78.52	64.42	72.51	87.66	29.63	72.46	90.05	84.50	70.21	78.15	94.47
45	27.23	68.84	84.71	80.39	65.23	74.71	88.90	29.99	73.79	91.51	86.47	71.35	80.55	95.86
50	32.18	73.24	90.19	85.98	69.79	81.86	95.90	35.00	78.74	96.96	92.02	76.00	88.01	103.11
55	41.37	81.30	97.84	92.48	75.93	91.29	105.26	44.82	89.66	104.50	99.25	86.23	97.49	112.41
60	58.54	110.37	122.75	105.46	105.88	119.20	135.22	63.19	122.15	131.68	116.16	116.62	127.88	145.06
65	92.72	146.34	146.34	141.30	145.55	168.04	187.48	101.10	161.02	161.19	150.23	154.73	180.72	201.63
70	170.80	238.58	238.58	218.77	228.06	259.51	284.91	184.91	260.68	260.97	235.94	245.96	281.19	308.72
75	302.11	412.10	412.10	356.45	379.47	430.02	464.72	324.49	449.95	450.88	392.75	418.13	466.50	503.85
80	518.47	677.65	677.65	587.88	625.87	690.72	746.45	561.98	742.31	742.79	649.80	691.79	747.75	807.62
85	756.06	987.39	987.39	856.53	911.87	994.58	1074.83	818.86	1079.89	1081.29	945.87	1006.98	1075.72	1161.84
90	1187.06	1521.60	1521.60	1319.30	1404.57	1555.36	1680.87	1286.27	1665.66	1666.66	1457.15	1551.33	1683.05	1817.25
94	1631.41	2159.41	2159.41	1872.33	1993.34	2160.63	2334.98	1767.75	2362.63	2365.06	2067.59	2201.22	2337.77	2523.97

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit							Lifetime Maximum: Unlimited						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	31.47	67.07	83.99	80.28	68.82	73.80	86.73	34.96	76.85	96.94	92.67	79.43	85.15	100.09
30	31.77	71.93	87.52	83.08	71.75	75.56	90.76	35.06	81.83	101.75	96.59	83.41	87.84	105.53
35	31.79	75.36	92.45	87.18	74.99	78.41	96.34	35.90	86.80	106.50	100.41	86.37	90.33	110.97
40	32.21	77.57	96.53	90.47	76.00	83.78	101.28	36.11	89.32	110.30	103.38	86.84	95.72	115.72
45	32.74	78.73	98.30	92.54	77.47	86.39	102.82	36.18	91.12	112.13	105.56	88.38	98.56	117.28
50	37.82	84.24	103.73	98.05	82.20	94.15	110.31	41.79	97.64	119.30	112.75	94.54	108.28	126.85
55	48.26	98.01	111.15	106.01	96.52	103.69	119.55	53.04	111.67	126.91	121.07	110.23	118.41	136.53
60	67.84	133.93	140.61	126.85	127.36	136.55	154.89	76.98	157.00	166.06	149.82	150.42	161.28	182.94
65	109.47	175.70	176.04	159.15	163.91	193.39	215.78	122.44	202.09	202.09	182.68	188.15	221.99	247.68
70	199.01	282.78	283.35	253.10	263.86	302.87	332.53	222.90	308.64	308.64	275.69	287.40	329.92	362.21
75	346.86	487.80	489.65	429.05	456.79	502.98	542.97	387.66	533.35	533.35	467.89	498.13	547.89	592.10
80	605.49	806.97	807.93	711.71	757.71	804.77	868.79	678.41	880.03	880.03	776.08	826.23	876.64	947.38
85	881.66	1172.38	1175.18	1035.20	1102.08	1156.85	1248.85	988.53	1280.05	1280.05	1128.84	1201.80	1260.16	1361.84
90	1385.48	1809.72	1811.72	1595.00	1698.09	1810.74	1953.62	1550.65	1973.40	1973.40	1740.29	1852.77	1972.43	2131.58
94	1904.09	2565.84	2570.71	2262.85	2409.10	2514.90	2712.95	2132.14	2800.10	2800.10	2469.34	2628.94	2739.47	2960.52

GENWORTH LIFE INSURANCE COMPANY

Table B
Limited Pay Factors

(Multiple of Lifetime Pay Rates)

Issue Age	10-Year Premium Payment	To Age 65 Premium Payment
< 25	4.56	1.25
25-29	4.21	1.38
30-34	3.92	1.75
35-39	3.63	2.07
40-44	3.34	2.30
45	3.16	2.40
46	3.10	2.42
47	3.05	2.43
48	3.00	2.45
49	2.93	2.48
50	2.87	2.50
51	2.82	2.51
52	2.76	2.53
53	2.69	2.55
54	2.64	2.56
55	2.58	2.58
56	2.53	
57	2.45	
58	2.37	
59	2.28	
60	2.20	
61	2.15	
62	2.09	
63	2.03	
64	1.99	
65	1.93	
66	1.87	
67	1.81	
68	1.76	
69	1.70	
70	1.64	
71	1.59	
72	1.54	
73	1.48	
74	1.43	
75	1.37	
76	1.31	
77	1.25	
78	1.20	
79	1.14	
80	1.08	
81 and over	1.04	

GENWORTH LIFE INSURANCE COMPANY

Table C-1

Service Day Elimination Period

(% Change to 90 Day Service Day EP)

EP	%
0	30%
30	18%
60	10%
90	0%
180	-10%
365	-30%

Rate factors for other elimination periods will be determined by linear interpolation.

GENWORTH LIFE INSURANCE COMPANY

Table C-2

Deductible = 50 x Equivalent Daily Benefit

Issue Age	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	3.5%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
25-29	3.5%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
30-34	3.5%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
35-39	3.5%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
40-44	4.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
45-49	4.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
50-54	4.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
55-59	4.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%
60-64	5.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
65-69	5.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
70-74	5.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
75-79	5.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
80-84	5.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
85-89	5.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
90-94	5.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

Deductible = 100 x Equivalent Daily Benefit

Issue Age	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	0.0%	-1.5%	-1.5%	-1.5%	-1.5%	-1.5%	-1.5%
25-29	0.0%	-1.5%	-1.5%	-1.5%	-1.5%	-1.5%	-1.5%
30-34	0.0%	-1.5%	-1.5%	-1.5%	-1.5%	-1.5%	-1.5%
35-39	0.0%	-1.5%	-1.5%	-1.5%	-1.5%	-1.5%	-1.5%
40-44	0.0%	-1.5%	-1.5%	-1.5%	-1.5%	-1.5%	-1.5%
45-49	0.0%	-1.5%	-1.5%	-1.5%	-1.5%	-1.5%	-1.5%
50-54	0.0%	-1.5%	-1.5%	-1.5%	-1.5%	-1.5%	-1.5%
55-59	0.0%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%
60-64	0.0%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%
65-69	0.0%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%
70-74	0.0%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%
75-79	0.0%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%
80-84	0.0%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%
85-89	0.0%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%
90-94	0.0%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%

For Deductible options between 50x and 100x Daily Benefit rates will be calculated by linear interpolation.

GENWORTH LIFE INSURANCE COMPANY

Table D-1

Rate Adjustment to change from Home and Community Care (Covers Formal Care Providers only) to Home and Community Care (Covers Formal and Informal Care Providers)

Issue Age	Lifetime Maximum: 730 x Daily Benefit							Lifetime Maximum: 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	2.0%	3.0%	3.5%	3.5%	3.0%	3.5%	3.5%
25-29	2.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	2.0%	3.0%	3.5%	3.5%	3.0%	3.5%	3.5%
30-34	2.0%	3.5%	4.3%	4.3%	3.5%	4.3%	4.3%	2.0%	4.0%	4.6%	4.6%	4.0%	4.6%	4.6%
35-39	2.0%	4.0%	5.6%	5.6%	4.0%	5.6%	5.6%	2.0%	5.0%	5.6%	5.6%	5.0%	5.6%	5.6%
40-44	2.4%	5.0%	6.8%	6.8%	5.0%	6.8%	6.8%	3.1%	6.5%	7.0%	7.0%	6.5%	7.0%	7.0%
45-49	2.7%	6.0%	7.9%	7.9%	6.0%	7.9%	7.9%	4.1%	8.0%	8.3%	8.3%	8.0%	8.3%	8.3%
50-54	4.6%	8.1%	10.4%	10.4%	8.1%	10.4%	10.4%	6.3%	9.3%	10.5%	10.5%	9.3%	10.5%	10.5%
55-59	7.7%	12.0%	12.7%	12.7%	12.0%	12.7%	12.7%	10.1%	12.1%	12.7%	12.7%	12.1%	12.7%	12.7%
60-64	9.1%	10.7%	14.0%	10.7%	10.7%	14.0%	14.0%	12.3%	12.1%	12.9%	12.1%	12.1%	12.9%	12.9%
65-69	9.4%	10.5%	10.5%	10.5%	10.5%	11.1%	11.1%	12.0%	10.8%	10.8%	10.8%	10.8%	11.1%	11.1%
70-74	7.8%	9.2%	9.2%	9.2%	9.2%	9.0%	9.0%	9.7%	9.2%	9.2%	9.2%	9.2%	9.1%	9.1%
75-79	7.8%	8.1%	8.1%	8.1%	8.1%	8.7%	8.7%	8.7%	8.3%	8.3%	8.3%	8.3%	8.8%	8.8%
80-84	7.8%	8.1%	8.1%	8.1%	8.1%	8.7%	8.7%	8.7%	8.3%	8.3%	8.3%	8.3%	8.8%	8.8%
85-89	7.8%	8.1%	8.1%	8.1%	8.1%	8.7%	8.7%	8.7%	8.3%	8.3%	8.3%	8.3%	8.8%	8.8%
90-94	7.8%	8.1%	8.1%	8.1%	8.1%	8.7%	8.7%	8.7%	8.3%	8.3%	8.3%	8.3%	8.8%	8.8%

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit							Lifetime Maximum: 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	2.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
25-29	2.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	2.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
30-34	3.0%	4.3%	4.8%	4.8%	4.3%	4.8%	4.8%	3.0%	4.3%	4.8%	4.8%	4.3%	4.8%	4.8%
35-39	3.5%	5.0%	6.0%	6.0%	5.0%	6.0%	6.0%	3.5%	5.0%	6.0%	6.0%	5.0%	6.0%	6.0%
40-44	4.5%	6.5%	7.1%	7.1%	6.5%	7.1%	7.1%	4.5%	6.5%	7.1%	7.1%	6.5%	7.1%	7.1%
45-49	5.5%	8.0%	8.2%	8.2%	8.0%	8.2%	8.2%	5.5%	8.0%	8.2%	8.2%	8.0%	8.2%	8.2%
50-54	7.7%	9.6%	9.9%	9.9%	9.6%	9.9%	9.9%	7.7%	9.6%	9.9%	9.9%	9.6%	9.9%	9.9%
55-59	12.1%	12.8%	12.5%	12.5%	12.8%	12.5%	12.5%	12.1%	12.8%	12.5%	12.5%	12.8%	12.5%	12.5%
60-64	13.5%	12.0%	12.4%	12.0%	12.0%	12.4%	12.4%	13.5%	12.0%	12.4%	12.0%	12.0%	12.4%	12.4%
65-69	13.5%	11.0%	11.0%	11.0%	11.0%	10.7%	10.7%	13.5%	11.0%	11.0%	11.0%	11.0%	10.7%	10.7%
70-74	10.1%	8.9%	8.9%	8.9%	8.9%	8.5%	8.5%	10.1%	8.9%	8.9%	8.9%	8.9%	8.5%	8.5%
75-79	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%
80-84	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%
85-89	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%
90-94	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit							Lifetime Maximum: 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	4.0%	4.1%	5.0%	5.0%	4.1%	5.0%	5.0%
25-29	2.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	4.0%	4.1%	5.0%	5.0%	4.1%	5.0%	5.0%
30-34	3.0%	4.3%	4.8%	4.8%	4.3%	4.8%	4.8%	4.0%	5.1%	5.8%	5.8%	5.1%	5.8%	5.8%
35-39	3.5%	5.0%	6.0%	6.0%	5.0%	6.0%	6.0%	4.0%	6.0%	6.5%	6.5%	6.0%	6.5%	6.5%
40-44	4.5%	6.5%	7.1%	7.1%	6.5%	7.1%	7.1%	5.5%	7.3%	7.8%	7.8%	7.3%	7.8%	7.8%
45-49	5.5%	8.0%	8.2%	8.2%	8.0%	8.2%	8.2%	7.0%	8.5%	9.0%	9.0%	8.5%	9.0%	9.0%
50-54	7.7%	9.6%	9.9%	9.9%	9.6%	9.9%	9.9%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
55-59	12.1%	12.8%	12.5%	12.5%	12.8%	12.5%	12.5%	15.9%	11.3%	12.5%	12.5%	11.3%	12.5%	12.5%
60-64	13.5%	12.0%	12.4%	12.0%	12.0%	12.4%	12.4%	16.4%	10.1%	12.4%	10.1%	10.1%	12.4%	12.4%
65-69	13.5%	11.0%	11.0%	11.0%	11.0%	10.7%	10.7%	14.2%	9.6%	9.6%	9.6%	9.6%	11.0%	11.0%
70-74	10.1%	8.9%	8.9%	8.9%	8.9%	8.5%	8.5%	10.9%	8.3%	8.3%	8.3%	8.3%	9.0%	9.0%
75-79	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	9.2%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%
80-84	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	9.2%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%
85-89	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	9.2%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%
90-94	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	9.2%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit							Lifetime Maximum: Unlimited						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.1%	5.0%	5.0%	4.1%	5.0%	5.0%	4.0%	4.1%	5.0%	5.0%	4.1%	5.0%	5.0%
25-29	4.0%	4.1%	5.0%	5.0%	4.1%	5.0%	5.0%	4.0%	4.1%	5.0%	5.0%	4.1%	5.0%	5.0%
30-34	4.0%	5.1%	5.8%	5.8%	5.1%	5.8%	5.8%	4.0%	5.1%	5.8%	5.8%	5.1%	5.8%	5.8%
35-39	4.0%	6.0%	6.5%	6.5%	6.0%	6.5%	6.5%	4.0%	6.0%	6.5%	6.5%	6.0%	6.5%	6.5%
40-44	5.5%	7.3%	7.8%	7.8%	7.3%	7.8%	7.8%	5.5%	7.3%	7.8%	7.8%	7.3%	7.8%	7.8%
45-49	7.0%	8.5%	9.0%	9.0%	8.5%	9.0%	9.0%	7.0%	8.5%	9.0%	9.0%	8.5%	9.0%	9.0%
50-54	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
55-59	15.9%	11.3%	12.5%	12.5%	11.3%	12.5%	12.5%	15.9%	11.3%	12.5%	12.5%	11.3%	12.5%	12.5%
60-64	16.4%	10.1%	12.4%	10.1%	10.1%	12.4%	12.4%	16.4%	10.1%	12.4%	10.1%	10.1%	12.4%	12.4%
65-69	14.2%	9.6%	9.6%	9.6%	9.6%	11.0%	11.0%	14.2%	9.6%	9.6%	9.6%	9.6%	11.0%	11.0%
70-74	10.9%	8.3%	8.3%	8.3%	8.3%	9.0%	9.0%	10.9%	8.3%	8.3%	8.3%	8.3%	9.0%	9.0%
75-79	9.2%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%	9.2%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%
80-84	9.2%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%	9.2%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%
85-89	9.2%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%	9.2%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%
90-94	9.2%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%	9.2%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%

GENWORTH LIFE INSURANCE COMPANY

Table D-2
Rate Adjustment to add Room & Board Coverage in an ALF

Issue Age	Lifetime Maximum: 730 x Daily Benefit							Lifetime Maximum: 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	3.5%	4.0%	5.5%	5.5%	4.0%	5.5%	5.5%	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%
25-29	3.5%	4.0%	5.5%	5.5%	4.0%	5.5%	5.5%	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%
30-34	3.5%	4.3%	6.5%	6.5%	4.3%	6.5%	6.5%	4.0%	5.0%	7.5%	7.5%	5.0%	7.5%	7.5%
35-39	3.5%	4.5%	7.5%	7.5%	4.5%	7.5%	7.5%	4.0%	5.5%	9.0%	9.0%	5.5%	9.0%	9.0%
40-44	3.5%	5.3%	8.3%	8.3%	5.3%	8.3%	8.3%	4.0%	6.8%	10.0%	10.0%	6.8%	10.0%	10.0%
45-49	3.5%	6.0%	9.1%	9.1%	6.0%	9.1%	9.1%	4.0%	8.0%	11.0%	11.0%	8.0%	11.0%	11.0%
50-54	4.0%	8.2%	11.7%	11.7%	8.2%	11.7%	11.7%	5.9%	10.2%	13.6%	13.6%	10.2%	13.6%	13.6%
55-59	5.8%	12.5%	13.5%	13.5%	12.5%	13.5%	13.5%	8.9%	13.9%	16.1%	16.1%	13.9%	16.1%	16.1%
60-64	7.2%	11.8%	14.8%	11.8%	11.8%	14.8%	14.8%	10.6%	14.8%	16.5%	14.8%	14.8%	16.5%	16.5%
65-69	7.7%	11.6%	11.6%	11.6%	11.6%	12.3%	12.3%	11.2%	13.8%	13.8%	13.8%	13.8%	14.1%	14.1%
70-74	7.3%	9.8%	9.8%	9.8%	9.8%	10.3%	10.3%	9.5%	11.5%	11.5%	11.5%	11.5%	11.1%	11.1%
75-79	6.5%	7.8%	7.8%	7.8%	7.8%	7.6%	7.6%	7.9%	9.3%	9.3%	9.3%	9.3%	7.3%	7.3%
80-84	6.5%	7.8%	7.8%	7.8%	7.8%	7.6%	7.6%	7.9%	9.3%	9.3%	9.3%	9.3%	7.3%	7.3%
85-89	6.5%	7.8%	7.8%	7.8%	7.8%	7.6%	7.6%	7.9%	9.3%	9.3%	9.3%	9.3%	7.3%	7.3%
90-94	6.5%	7.8%	7.8%	7.8%	7.8%	7.6%	7.6%	7.9%	9.3%	9.3%	9.3%	9.3%	7.3%	7.3%

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit							Lifetime Maximum: 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%
25-29	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%
30-34	4.3%	5.0%	7.5%	7.5%	5.0%	7.5%	7.5%	4.3%	5.0%	7.5%	7.5%	5.0%	7.5%	7.5%
35-39	4.5%	5.5%	9.0%	9.0%	5.5%	9.0%	9.0%	4.5%	5.5%	9.0%	9.0%	5.5%	9.0%	9.0%
40-44	4.8%	6.8%	10.6%	10.6%	6.8%	10.6%	10.6%	4.8%	6.8%	10.6%	10.6%	6.8%	10.6%	10.6%
45-49	5.0%	8.0%	12.2%	12.2%	8.0%	12.2%	12.2%	5.0%	8.0%	12.2%	12.2%	8.0%	12.2%	12.2%
50-54	6.2%	11.3%	14.5%	14.5%	11.3%	14.5%	14.5%	6.2%	11.3%	14.5%	14.5%	11.3%	14.5%	14.5%
55-59	10.3%	15.6%	17.3%	17.3%	15.6%	17.3%	17.3%	10.3%	15.6%	17.3%	17.3%	15.6%	17.3%	17.3%
60-64	11.5%	16.2%	17.7%	16.2%	16.2%	17.7%	17.7%	11.5%	16.2%	17.7%	16.2%	16.2%	17.7%	17.7%
65-69	12.4%	15.1%	15.1%	15.1%	15.1%	15.2%	15.2%	12.4%	15.1%	15.1%	15.1%	15.1%	15.2%	15.2%
70-74	10.1%	12.3%	12.3%	12.3%	12.3%	11.8%	11.8%	10.1%	12.3%	12.3%	12.3%	12.3%	11.8%	11.8%
75-79	8.4%	9.7%	9.7%	9.7%	9.7%	9.5%	9.5%	8.4%	9.7%	9.7%	9.7%	9.7%	9.5%	9.5%
80-84	8.4%	9.7%	9.7%	9.7%	9.7%	9.5%	9.5%	8.4%	9.7%	9.7%	9.7%	9.7%	9.5%	9.5%
85-89	8.4%	9.7%	9.7%	9.7%	9.7%	9.5%	9.5%	8.4%	9.7%	9.7%	9.7%	9.7%	9.5%	9.5%
90-94	8.4%	9.7%	9.7%	9.7%	9.7%	9.5%	9.5%	8.4%	9.7%	9.7%	9.7%	9.7%	9.5%	9.5%

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit							Lifetime Maximum: 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%
25-29	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%
30-34	4.3%	5.0%	7.5%	7.5%	5.0%	7.5%	7.5%	4.3%	5.0%	7.5%	7.5%	5.0%	7.5%	7.5%
35-39	4.5%	5.5%	9.0%	9.0%	5.5%	9.0%	9.0%	4.5%	5.5%	9.0%	9.0%	5.5%	9.0%	9.0%
40-44	4.8%	6.8%	10.6%	10.6%	6.8%	10.6%	10.6%	4.8%	6.8%	10.6%	10.6%	6.8%	10.6%	10.6%
45-49	5.0%	8.0%	12.2%	12.2%	8.0%	12.2%	12.2%	5.0%	8.0%	12.2%	12.2%	8.0%	12.2%	12.2%
50-54	6.2%	11.3%	14.5%	14.5%	11.3%	14.5%	14.5%	6.2%	11.3%	14.5%	14.5%	11.3%	14.5%	14.5%
55-59	10.3%	15.6%	17.3%	17.3%	15.6%	17.3%	17.3%	10.3%	15.6%	17.3%	17.3%	15.6%	17.3%	17.3%
60-64	11.5%	16.2%	17.7%	16.2%	16.2%	17.7%	17.7%	11.5%	16.2%	17.7%	16.2%	16.2%	17.7%	17.7%
65-69	12.4%	15.1%	15.1%	15.1%	15.1%	15.2%	15.2%	12.4%	15.1%	15.1%	15.1%	15.1%	15.2%	15.2%
70-74	10.1%	12.3%	12.3%	12.3%	12.3%	11.8%	11.8%	10.1%	12.3%	12.3%	12.3%	12.3%	11.8%	11.8%
75-79	8.4%	9.7%	9.7%	9.7%	9.7%	9.5%	9.5%	8.4%	9.7%	9.7%	9.7%	9.7%	9.5%	9.5%
80-84	8.4%	9.7%	9.7%	9.7%	9.7%	9.5%	9.5%	8.4%	9.7%	9.7%	9.7%	9.7%	9.5%	9.5%
85-89	8.4%	9.7%	9.7%	9.7%	9.7%	9.5%	9.5%	8.4%	9.7%	9.7%	9.7%	9.7%	9.5%	9.5%
90-94	8.4%	9.7%	9.7%	9.7%	9.7%	9.5%	9.5%	8.4%	9.7%	9.7%	9.7%	9.7%	9.5%	9.5%

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit							Lifetime Maximum: Unlimited						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	7.0%	7.0%	4.0%	7.0%	7.0%	4.0%	4.0%	7.0%	7.0%	4.0%	7.0%	7.0%
25-29	4.0%	4.0%	7.0%	7.0%	4.0%	7.0%	7.0%	4.0%	4.0%	7.0%	7.0%	4.0%	7.0%	7.0%
30-34	4.0%	4.5%	8.3%	8.3%	4.5%	8.3%	8.3%	4.0%	4.5%	8.3%	8.3%	4.5%	8.3%	8.3%
35-39	4.0%	5.0%	9.5%	9.5%	5.0%	9.5%	9.5%	4.0%	5.0%	9.5%	9.5%	5.0%	9.5%	9.5%
40-44	5.0%	7.0%	10.9%	10.9%	7.0%	10.9%	10.9%	5.0%	7.0%	10.9%	10.9%	7.0%	10.9%	10.9%
45-49	6.0%	9.0%	12.2%	12.2%	9.0%	12.2%	12.2%	6.0%	9.0%	12.2%	12.2%	9.0%	12.2%	12.2%
50-54	6.5%	9.0%	14.5%	14.5%	9.0%	14.5%	14.5%	6.5%	9.0%	14.5%	14.5%	9.0%	14.5%	14.5%
55-59	10.0%	14.1%	17.3%	17.3%	14.1%	17.3%	17.3%	10.0%	14.1%	17.3%	17.3%	14.1%	17.3%	17.3%
60-64	10.6%	13.8%	17.7%	13.8%	13.8%	17.7%	17.7%	10.6%	13.8%	17.7%	13.8%	13.8%	17.7%	17.7%
65-69	10.7%	14.0%	14.0%	14.0%	14.0%	15.2%	15.2%	10.7%	14.0%	14.0%	14.0%	14.0%	15.2%	15.2%
70-74	8.8%	12.0%	12.0%	12.0%	12.0%	11.8%	11.8%	8.8%	12.0%	12.0%	12.0%	12.0%	11.8%	11.8%
75-79	7.8%	8.6%	8.6%	8.6%	8.6%	9.5%	9.5%	7.8%	8.6%	8.6%	8.6%	8.6%	9.5%	9.5%
80-84	7.8%	8.6%	8.6%	8.6%	8.6%	9.5%	9.5%	7.8%	8.6%	8.6%	8.6%	8.6%	9.5%	9.5%
85-89	7.8%	8.6%	8.6%	8.6%	8.6%	9.5%	9.5%	7.8%	8.6%	8.6%	8.6%	8.6%	9.5%	9.5%
90-94	7.8%	8.6%	8.6%	8.6%	8.6%	9.5%	9.5%	7.8%	8.6%	8.6%	8.6%	8.6%	9.5%	9.5%

GENWORTH LIFE INSURANCE COMPANY

Table D-3
Rate Adjustment to add Waiver of Premium for ALF and Home & Community Care

Issue Age	Lifetime Maximum: 730 x Daily Benefit							Lifetime Maximum: 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
25-29	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
30-34	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
35-39	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
40-44	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
45-49	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
50-54	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
55-59	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.2%	1.2%	1.0%	1.2%	1.2%
60-64	1.0%	1.2%	1.5%	1.2%	1.2%	1.5%	1.5%	1.1%	1.5%	1.7%	1.5%	1.5%	1.7%	1.7%
65-69	1.3%	1.9%	1.9%	1.9%	1.9%	2.2%	2.2%	1.9%	2.4%	2.4%	2.4%	2.4%	2.5%	2.5%
70-74	2.1%	2.8%	2.8%	2.8%	2.8%	3.3%	3.3%	2.9%	3.5%	3.5%	3.5%	3.5%	3.6%	3.6%
75-79	4.0%	5.0%	5.0%	5.0%	5.0%	5.4%	5.4%	5.1%	6.1%	6.1%	6.1%	6.1%	5.8%	5.8%
80-84	4.0%	5.0%	5.0%	5.0%	5.0%	5.4%	5.4%	5.1%	6.1%	6.1%	6.1%	6.1%	5.8%	5.8%
85-89	4.0%	5.0%	5.0%	5.0%	5.0%	5.4%	5.4%	5.1%	6.1%	6.1%	6.1%	6.1%	5.8%	5.8%
90-94	4.0%	5.0%	5.0%	5.0%	5.0%	5.4%	5.4%	5.1%	6.1%	6.1%	6.1%	6.1%	5.8%	5.8%

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit							Lifetime Maximum: 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
25-29	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
30-34	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
35-39	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
40-44	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
45-49	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
50-54	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
55-59	1.0%	1.1%	1.2%	1.2%	1.1%	1.2%	1.2%	1.0%	1.1%	1.2%	1.2%	1.1%	1.2%	1.2%
60-64	1.4%	1.7%	1.9%	1.7%	1.7%	1.9%	1.9%	1.4%	1.7%	1.9%	1.7%	1.7%	1.9%	1.9%
65-69	2.2%	2.6%	2.6%	2.6%	2.6%	2.8%	2.8%	2.2%	2.6%	2.6%	2.6%	2.6%	2.8%	2.8%
70-74	3.3%	3.8%	3.8%	3.8%	3.8%	3.9%	3.9%	3.3%	3.8%	3.8%	3.8%	3.8%	3.9%	3.9%
75-79	5.8%	6.7%	6.7%	6.7%	6.7%	7.5%	7.5%	5.8%	6.7%	6.7%	6.7%	6.7%	7.5%	7.5%
80-84	5.8%	6.7%	6.7%	6.7%	6.7%	7.5%	7.5%	5.8%	6.7%	6.7%	6.7%	6.7%	7.5%	7.5%
85-89	5.8%	6.7%	6.7%	6.7%	6.7%	7.5%	7.5%	5.8%	6.7%	6.7%	6.7%	6.7%	7.5%	7.5%
90-94	5.8%	6.7%	6.7%	6.7%	6.7%	7.5%	7.5%	5.8%	6.7%	6.7%	6.7%	6.7%	7.5%	7.5%

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit							Lifetime Maximum: 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
25-29	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
30-34	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
35-39	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
40-44	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
45-49	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
50-54	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
55-59	1.0%	1.1%	1.2%	1.2%	1.1%	1.2%	1.2%	2.0%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
60-64	1.4%	1.7%	1.9%	1.7%	1.7%	1.9%	1.9%	2.7%	2.4%	1.9%	2.4%	2.4%	1.9%	1.9%
65-69	2.2%	2.6%	2.6%	2.6%	2.6%	2.8%	2.8%	4.2%	3.7%	3.7%	3.7%	3.7%	2.8%	2.8%
70-74	3.3%	3.8%	3.8%	3.8%	3.8%	3.9%	3.9%	5.8%	5.5%	5.5%	5.5%	5.5%	3.9%	3.9%
75-79	5.8%	6.7%	6.7%	6.7%	6.7%	7.5%	7.5%	10.6%	8.9%	8.9%	8.9%	8.9%	7.5%	7.5%
80-84	5.8%	6.7%	6.7%	6.7%	6.7%	7.5%	7.5%	10.6%	8.9%	8.9%	8.9%	8.9%	7.5%	7.5%
85-89	5.8%	6.7%	6.7%	6.7%	6.7%	7.5%	7.5%	10.6%	8.9%	8.9%	8.9%	8.9%	7.5%	7.5%
90-94	5.8%	6.7%	6.7%	6.7%	6.7%	7.5%	7.5%	10.6%	8.9%	8.9%	8.9%	8.9%	7.5%	7.5%

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit							Lifetime Maximum: Unlimited						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
25-29	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
30-34	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
35-39	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
40-44	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
45-49	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
50-54	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
55-59	2.0%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	2.0%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
60-64	2.7%	2.4%	1.9%	2.4%	1.9%	1.9%	1.9%	2.7%	2.4%	1.9%	2.4%	2.4%	1.9%	1.9%
65-69	4.2%	3.7%	3.7%	3.7%	3.7%	2.8%	2.8%	4.2%	3.7%	3.7%	3.7%	3.7%	2.8%	2.8%
70-74	5.8%	5.5%	5.5%	5.5%	5.5%	3.9%	3.9%	5.8%	5.5%	5.5%	5.5%	5.5%	3.9%	3.9%
75-79	10.6%	8.9%	8.9%	8.9%	8.9%	7.5%	7.5%	10.6%	8.9%	8.9%	8.9%	8.9%	7.5%	7.5%
80-84	10.6%	8.9%	8.9%	8.9%	8.9%	7.5%	7.5%	10.6%	8.9%	8.9%	8.9%	8.9%	7.5%	7.5%
85-89	10.6%	8.9%	8.9%	8.9%	8.9%	7.5%	7.5%	10.6%	8.9%	8.9%	8.9%	8.9%	7.5%	7.5%
90-94	10.6%	8.9%	8.9%	8.9%	8.9%	7.5%	7.5%	10.6%	8.9%	8.9%	8.9%	8.9%	7.5%	7.5%

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Table E-1

30 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	5%						
	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
25-29	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
30-34	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
35-39	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
40-44	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
45-49	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
50-54	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%
55-59	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%
60-64	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%
65-69	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%
70-74	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%
75-79	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%
80-84	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%
85-89	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%
90-94	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%

60 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	5%						
	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
25-29	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
30-34	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
35-39	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
40-44	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
45-49	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
50-54	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%
55-59	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%
60-64	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
65-69	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
70-74	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
75-79	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
80-84	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
85-89	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
90-94	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%

90 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	5%						
	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
25-29	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
30-34	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
35-39	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
40-44	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
45-49	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
50-54	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
55-59	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
60-64	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
65-69	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
70-74	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
75-79	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
80-84	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
85-89	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
90-94	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%

180 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	5%						
	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
25-29	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
30-34	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
35-39	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
40-44	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
45-49	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
50-54	3.7%	3.7%	3.7%	3.7%	3.7%	3.7%	3.7%
55-59	3.7%	3.7%	3.7%	3.7%	3.7%	3.7%	3.7%
60-64	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
65-69	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
70-74	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
75-79	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
80-84	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
85-89	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
90-94	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%

365 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	5%						
	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
25-29	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
30-34	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
40-44	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
45-49	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
50-54	7.4%	7.4%	7.4%	7.4%	7.4%	7.4%	7.4%
55-59	7.4%	7.4%	7.4%	7.4%	7.4%	7.4%	7.4%
60-64	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
65-69	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
70-74	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
75-79	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
80-84	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
85-89	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
90-94	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%

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Table E-2
50% Home & Community Care Care

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
25-29	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
30-34	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
35-39	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
40-44	-5.0%	-5.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
45-49	-5.0%	-5.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
50-54	-6.0%	-6.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
55-59	-8.0%	-6.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
60-64	-9.0%	-6.0%	-5.0%	-5.0%	-5.0%	-5.0%	-5.0%
65-69	-9.0%	-6.0%	-6.0%	-5.0%	-5.0%	-5.0%	-5.0%
70-74	-9.0%	-6.0%	-6.0%	-5.0%	-5.0%	-5.0%	-5.0%
75-79	-9.0%	-6.0%	-6.0%	-6.0%	-6.0%	-6.0%	-6.0%
80-84	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%
85-89	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%
90-94	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%

60% Home & Community Care Care

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-3.2%	-3.2%	-3.2%	-3.2%	-3.2%	-3.2%	-3.2%
25-29	-3.2%	-3.2%	-3.2%	-3.2%	-3.2%	-3.2%	-3.2%
30-34	-3.2%	-3.2%	-3.2%	-3.2%	-3.2%	-3.2%	-3.2%
35-39	-3.2%	-3.2%	-3.2%	-3.2%	-3.2%	-3.2%	-3.2%
40-44	-4.0%	-4.0%	-3.2%	-3.2%	-3.2%	-3.2%	-3.2%
45-49	-4.0%	-4.0%	-3.2%	-3.2%	-3.2%	-3.2%	-3.2%
50-54	-4.8%	-4.8%	-3.2%	-3.2%	-3.2%	-3.2%	-3.2%
55-59	-6.4%	-4.8%	-3.2%	-3.2%	-3.2%	-3.2%	-3.2%
60-64	-7.2%	-4.8%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
65-69	-7.2%	-4.8%	-4.8%	-4.0%	-4.0%	-4.0%	-4.0%
70-74	-7.2%	-4.8%	-4.8%	-4.0%	-4.0%	-4.0%	-4.0%
75-79	-7.2%	-4.8%	-4.8%	-4.8%	-4.8%	-4.8%	-4.8%
80-84	-7.2%	-5.6%	-5.6%	-5.6%	-5.6%	-5.6%	-5.6%
85-89	-7.2%	-5.6%	-5.6%	-5.6%	-5.6%	-5.6%	-5.6%
90-94	-7.2%	-5.6%	-5.6%	-5.6%	-5.6%	-5.6%	-5.6%

75% Home & Community Care Care

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
25-29	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
30-34	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
35-39	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
40-44	-2.5%	-2.5%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
45-49	-2.5%	-2.5%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
50-54	-3.0%	-3.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
55-59	-4.0%	-3.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
60-64	-4.5%	-3.0%	-2.5%	-2.5%	-2.5%	-2.5%	-2.5%
65-69	-4.5%	-3.0%	-3.0%	-2.5%	-2.5%	-2.5%	-2.5%
70-74	-4.5%	-3.0%	-3.0%	-2.5%	-2.5%	-2.5%	-2.5%
75-79	-4.5%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
80-84	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%	-3.5%	-3.5%
85-89	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%	-3.5%	-3.5%
90-94	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%	-3.5%	-3.5%

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Table E-3
50% Assisted Living Facility

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-6.5%	-3.5%	-6.4%	-3.5%	-6.4%	-3.5%	-3.5%
25-29	-6.5%	-3.5%	-6.4%	-3.5%	-6.4%	-3.5%	-3.5%
30-34	-6.8%	-3.7%	-6.6%	-3.7%	-6.6%	-3.7%	-3.7%
35-39	-7.0%	-4.0%	-6.8%	-4.0%	-6.8%	-4.0%	-4.0%
40-44	-7.2%	-4.2%	-7.1%	-4.2%	-7.1%	-4.2%	-4.2%
45-49	-7.5%	-4.4%	-7.3%	-4.4%	-7.3%	-4.4%	-4.4%
50-54	-7.9%	-4.9%	-7.8%	-4.9%	-7.8%	-4.9%	-4.9%
55-59	-8.6%	-5.3%	-8.4%	-5.3%	-8.4%	-5.3%	-5.3%
60-64	-9.3%	-5.7%	-9.1%	-5.7%	-9.1%	-5.7%	-5.7%
65-69	-10.0%	-6.2%	-9.7%	-6.2%	-9.7%	-6.2%	-6.2%
70-74	-10.7%	-6.7%	-10.3%	-6.7%	-10.3%	-6.7%	-6.7%
75-79	-11.0%	-7.0%	-10.6%	-7.0%	-10.6%	-7.0%	-7.0%
80-84	-11.4%	-7.4%	-10.9%	-7.4%	-10.9%	-7.4%	-7.4%
85-89	-11.7%	-7.7%	-11.2%	-7.7%	-11.2%	-7.7%	-7.7%
90-94	-12.0%	-8.0%	-11.5%	-8.0%	-11.5%	-8.0%	-8.0%

60% Assisted Living Facility

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-4.7%	-1.8%	-4.5%	-1.8%	-4.5%	-1.8%	-1.8%
25-29	-4.7%	-1.8%	-4.5%	-1.8%	-4.5%	-1.8%	-1.8%
30-34	-4.9%	-2.1%	-4.7%	-2.1%	-4.7%	-2.1%	-2.1%
35-39	-5.2%	-2.3%	-5.0%	-2.3%	-5.0%	-2.3%	-2.3%
40-44	-5.4%	-2.6%	-5.2%	-2.6%	-5.2%	-2.6%	-2.6%
45-49	-5.7%	-2.8%	-5.4%	-2.8%	-5.4%	-2.8%	-2.8%
50-54	-6.1%	-3.3%	-5.9%	-3.3%	-5.9%	-3.3%	-3.3%
55-59	-6.7%	-3.4%	-6.4%	-3.4%	-6.4%	-3.4%	-3.4%
60-64	-7.2%	-3.5%	-6.9%	-3.5%	-6.9%	-3.5%	-3.5%
65-69	-7.7%	-3.6%	-7.3%	-3.6%	-7.3%	-3.6%	-3.6%
70-74	-8.3%	-3.7%	-7.8%	-3.7%	-7.8%	-3.7%	-3.7%
75-79	-8.7%	-3.9%	-8.1%	-3.9%	-8.1%	-3.9%	-3.9%
80-84	-9.1%	-4.1%	-8.4%	-4.1%	-8.4%	-4.1%	-4.1%
85-89	-9.6%	-4.3%	-8.7%	-4.3%	-8.7%	-4.3%	-4.3%
90-94	-10.0%	-4.5%	-9.0%	-4.5%	-9.0%	-4.5%	-4.5%

75% Assisted Living Facility

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-1.9%	-1.5%	-1.7%	-1.5%	-1.7%	-1.5%	-1.5%
25-29	-1.9%	-1.5%	-1.7%	-1.5%	-1.7%	-1.5%	-1.5%
30-34	-2.2%	-1.6%	-1.9%	-1.6%	-1.9%	-1.6%	-1.6%
35-39	-2.4%	-1.6%	-2.2%	-1.6%	-2.2%	-1.6%	-1.6%
40-44	-2.7%	-1.6%	-2.4%	-1.6%	-2.4%	-1.6%	-1.6%
45-49	-2.9%	-1.6%	-2.6%	-1.6%	-2.6%	-1.6%	-1.6%
50-54	-3.4%	-1.7%	-3.1%	-1.7%	-3.1%	-1.7%	-1.7%
55-59	-3.7%	-1.8%	-3.4%	-1.8%	-3.4%	-1.8%	-1.8%
60-64	-4.0%	-1.9%	-3.6%	-1.9%	-3.6%	-1.9%	-1.9%
65-69	-4.3%	-2.0%	-3.8%	-2.0%	-3.8%	-2.0%	-2.0%
70-74	-4.6%	-2.2%	-4.0%	-2.2%	-4.0%	-2.2%	-2.2%
75-79	-4.8%	-2.3%	-4.1%	-2.3%	-4.1%	-2.3%	-2.3%
80-84	-5.0%	-2.4%	-4.3%	-2.4%	-4.3%	-2.4%	-2.4%
85-89	-5.3%	-2.4%	-4.4%	-2.4%	-4.4%	-2.4%	-2.4%
90-94	-5.5%	-2.5%	-4.5%	-2.5%	-4.5%	-2.5%	-2.5%

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Table E-4

80% Payment Level

(% Reduction from 100% Payment Level)

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
25-29	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
30-34	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
35-39	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
40-44	-4.0%	-4.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
45-49	-4.0%	-4.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
50-54	-5.0%	-5.0%	-4.5%	-4.5%	-4.5%	-4.5%	-4.5%
55-59	-6.5%	-6.5%	-6.0%	-6.0%	-6.0%	-6.0%	-6.0%
60-64	-9.0%	-9.0%	-9.0%	-9.0%	-9.0%	-8.0%	-8.0%
65-69	-9.0%	-9.0%	-9.0%	-9.0%	-9.0%	-8.5%	-8.5%
70-74	-9.0%	-9.0%	-9.0%	-9.0%	-9.0%	-8.5%	-8.5%
75-79	-9.5%	-9.5%	-9.5%	-9.5%	-9.5%	-8.5%	-8.5%
80-84	-9.5%	-9.5%	-9.5%	-9.5%	-9.5%	-8.5%	-8.5%
85-89	-9.5%	-9.5%	-9.5%	-9.5%	-9.5%	-8.5%	-8.5%
90-94	-9.5%	-9.5%	-9.5%	-9.5%	-9.5%	-8.5%	-8.5%

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Table F-1

0-Day Home Care EP, 30-Day NH and ALF EP

(% Increase from 30-Day EP for NH, ALF and HC)

Issue Age	All Except Unlimited							Unlimited						
	Lifetime Maximum		5%		3%		4%		5%		3%		4%	
	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	Compound BIO	Compound BIO	Compound BIO	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	Compound BIO	Compound BIO	Compound BIO
All ages	4.0%	3.6%	3.2%	2.8%	2.8%	2.8%	2.8%	4.0%	3.6%	3.2%	3.2%	3.2%	3.2%	3.2%

0-Day Home Care EP, 60-Day NH and ALF EP

(% Increase from 60-Day EP for NH, ALF and HC)

Issue Age	All Except Unlimited							Unlimited						
	Lifetime Maximum		5%		3%		4%		5%		3%		4%	
	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	Compound BIO	Compound BIO	Compound BIO	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	Compound BIO	Compound BIO	Compound BIO
All ages	6.4%	6.3%	5.5%	4.8%	4.8%	4.8%	4.8%	6.4%	6.3%	5.7%	5.7%	5.7%	5.7%	5.7%

0-Day Home Care EP, 90-Day NH and ALF EP

(% Increase from 90-Day EP for NH, ALF and HC)

Issue Age	All Except Unlimited							Unlimited						
	Lifetime Maximum		5%		3%		4%		5%		3%		4%	
	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	Compound BIO	Compound BIO	Compound BIO	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	Compound BIO	Compound BIO	Compound BIO
All ages	8.2%	8.2%	7.2%	6.2%	6.2%	6.2%	6.2%	8.2%	8.2%	7.4%	7.4%	7.4%	7.4%	7.4%

0-Day Home Care EP, 180-Day NH and ALF EP

(% Increase from 180-Day EP for NH, ALF and HC)

Issue Age	All Except Unlimited							Unlimited						
	Lifetime Maximum		5%		3%		4%		5%		3%		4%	
	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	Compound BIO	Compound BIO	Compound BIO	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	Compound BIO	Compound BIO	Compound BIO
All ages	15.5%	14.8%	13.0%	11.3%	11.3%	11.3%	11.3%	15.5%	14.8%	13.5%	13.5%	13.5%	13.5%	13.5%

0-Day Home Care EP, 365-Day NH and ALF EP

(% Increase from 365-Day EP for NH, ALF and HC)

Issue Age	All Except Unlimited							Unlimited						
	Lifetime Maximum		5%		3%		4%		5%		3%		4%	
	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	Compound BIO	Compound BIO	Compound BIO	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	Compound BIO	Compound BIO	Compound BIO
All ages	24.0%	23.0%	20.0%	20.0%	20.0%	20.0%	20.0%	24.0%	23.0%	21.0%	21.0%	21.0%	21.0%	21.0%

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Table F-2 Monthly Benefits

(% Increase to Base Rate)

All Issue ages	2.1%
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Table F-3 Informal Care Benefit

(% Increase to Base Rate)

**(Benefit up to 25% of Daily Benefit or 1% of Monthly Benefit
for no more than 30 days per calendar year)**

All Issue ages	3% (if subject to the Deductible or Elimination Period)
All Issue ages	5% (if not subject to the Deductible or Elimination Period)

Table F-4 Transition Benefit

(% Increase to Base Rate)

(Benefit up to 5 times the Daily Benefit or 15% of the Monthly Benefit)

All Issue ages	2.5%
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Table F-5
10 Year Return of Premium on Death Benefit

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
25-29	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
30-34	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
35-39	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
40-44	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
45-49	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
50-54	28.0%	28.0%	28.0%	28.0%	28.0%	28.0%	28.0%
55-59	34.0%	34.0%	34.0%	34.0%	34.0%	34.0%	34.0%
60-64	39.0%	39.0%	39.0%	39.0%	39.0%	39.0%	39.0%
65-69	46.0%	46.0%	46.0%	46.0%	46.0%	46.0%	46.0%
70-74	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%
75-79	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%
80-84	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%
85-89	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%
90-94	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%

Table F-6
Graded Return of Premium on Death Benefit

Issue Age	
< 65	8%
65+	N/A

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Table F-7

10-Year Survivorship Rider

(% Increase to Base Rate)

Issue Age	Lifetime Maximum:	All Except Unlimited	Lifetime Maximum:	Unlimited
< 25		4.4%		4.8%
25-29		4.4%		4.8%
30-34		4.4%		4.8%
35-39		4.4%		4.8%
40-44		4.4%		4.8%
45-49		4.4%		4.8%
50-54		4.4%		4.8%
55-59		4.4%		4.8%
60-64		4.4%		4.8%
65-69		4.4%		4.8%
70-74		5.2%		5.7%
75-79		5.9%		6.5%
80-84		5.9%		6.5%
85-89		6.5%		7.2%
90-94		6.5%		7.2%

Table F-8

Full 10-Year Survivorship Rider

(% Increase to Base Rate)

Issue Age	Lifetime Maximum:	All Except Unlimited	Lifetime Maximum:	Unlimited
< 25		8.9%		10.4%
25-29		8.9%		10.4%
30-34		8.9%		10.5%
35-39		8.9%		10.5%
40-44		8.9%		10.6%
45-49		8.9%		10.6%
50-54		8.9%		10.6%
55-59		8.9%		10.8%
60-64		9.4%		11.0%
65-69		9.7%		11.5%
70-74		10.0%		11.8%
75-79		10.3%		11.8%
80-84		10.3%		11.8%
85-89		10.3%		11.8%
90-94		10.3%		11.8%

Table F-9

7-Year Survivorship Rider

(% Increase to Base Rate)

Issue Age	Lifetime Maximum:	All Except Unlimited	Lifetime Maximum:	Unlimited
All ages		12.5%		14.0%

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Table F-10

Restoration of Benefits (% Increase to Base Rate)

Issue Age	Lifetime Maximum 730 x Daily Benefit							Lifetime Maximum 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound d to 65, 5% Equal	Graded	3% Compound d BIO	4% Compound d BIO	5% Compound d BIO	No BIO	5% Equal BIO	5% Compound d to 65, 5% Equal	Graded	3% Compound d BIO	4% Compound d BIO	5% Compound d BIO
All ages	11.0%	9.0%	8.0%	8.0%	8.0%	8.0%	8.0%	9.0%	8.0%	7.0%	7.0%	7.0%	7.0%	7.0%

Issue Age	Lifetime Maximum 1,460 x Daily Benefit							Lifetime Maximum 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound d to 65, 5% Equal	Graded	3% Compound d BIO	4% Compound d BIO	5% Compound d BIO	No BIO	5% Equal BIO	5% Compound d to 65, 5% Equal	Graded	3% Compound d BIO	4% Compound d BIO	5% Compound d BIO
All ages	7.0%	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%	7.0%	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%

Issue Age	Lifetime Maximum 2,190 x Daily Benefit							Lifetime Maximum 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound d to 65, 5% Equal	Graded	3% Compound d BIO	4% Compound d BIO	5% Compound d BIO	No BIO	5% Equal BIO	5% Compound d to 65, 5% Equal	Graded	3% Compound d BIO	4% Compound d BIO	5% Compound d BIO
All ages	7.0%	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%	6.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

Issue Age	Lifetime Maximum 3,650 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound d to 65, 5% Equal	Graded	3% Compound d BIO	4% Compound d BIO	5% Compound d BIO
All ages	6.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

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Table F-11
Joint Coverage Rider

(% Increase to Base Rate)

Issue Age	Lifetime Maximum: 730 x Daily Benefit							Lifetime Maximum: 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	24.8%	19.0%	18.8%	18.8%	18.8%	18.8%	18.3%	17.5%
25-29	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	24.8%	19.0%	18.8%	18.8%	18.8%	18.8%	18.3%	17.5%
30-34	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	24.8%	19.0%	18.8%	18.8%	18.8%	18.8%	18.3%	17.5%
35-39	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	24.8%	19.0%	18.8%	18.8%	18.8%	18.8%	18.3%	17.5%
40-44	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	24.8%	19.0%	18.8%	18.8%	18.8%	18.8%	18.3%	17.5%
45-49	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	24.8%	19.0%	18.8%	18.8%	18.8%	18.8%	18.3%	17.5%
50-54	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	24.8%	19.0%	18.8%	18.8%	18.8%	18.8%	18.3%	17.5%
55-59	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	24.8%	19.0%	18.8%	18.8%	18.8%	18.8%	18.3%	17.5%
60-64	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	24.8%	19.0%	18.8%	18.8%	18.8%	18.8%	18.3%	17.5%
65-69	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	24.8%	19.0%	18.8%	18.8%	18.8%	18.8%	18.3%	17.5%
70-74	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	24.8%	19.0%	18.8%	18.8%	18.8%	18.8%	18.3%	17.5%
75-79	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	24.8%	19.0%	18.8%	18.8%	18.8%	18.8%	18.3%	17.5%
80-84	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	24.8%	19.0%	18.8%	18.8%	18.8%	18.8%	18.3%	17.5%
85-89	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	24.8%	19.0%	18.8%	18.8%	18.8%	18.8%	18.3%	17.5%
90-94	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	24.8%	19.0%	18.8%	18.8%	18.8%	18.8%	18.3%	17.5%

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit							Lifetime Maximum: 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	11.5%	11.3%	11.3%	11.3%	11.3%	11.0%	10.8%	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%
25-29	11.5%	11.3%	11.3%	11.3%	11.3%	11.0%	10.8%	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%
30-34	11.5%	11.3%	11.3%	11.3%	11.3%	11.0%	10.8%	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%
35-39	11.5%	11.3%	11.3%	11.3%	11.3%	11.0%	10.8%	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%
40-44	11.5%	11.3%	11.3%	11.3%	11.3%	11.0%	10.8%	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%
45-49	11.5%	11.3%	11.3%	11.3%	11.3%	11.0%	10.8%	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%
50-54	11.5%	11.3%	11.3%	11.3%	11.3%	11.0%	10.8%	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%
55-59	11.5%	11.3%	11.3%	11.3%	11.3%	11.0%	10.8%	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%
60-64	11.5%	11.3%	11.3%	11.3%	11.3%	11.0%	10.8%	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%
65-69	11.5%	11.3%	11.3%	11.3%	11.3%	11.0%	10.8%	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	8.5%
70-74	11.5%	11.3%	11.3%	11.3%	11.3%	11.0%	10.8%	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	8.5%
75-79	11.5%	11.3%	11.3%	11.3%	11.3%	11.0%	10.8%	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	8.5%
80-84	11.5%	11.3%	11.3%	11.3%	11.3%	11.0%	10.8%	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	8.5%
85-89	11.5%	11.3%	11.3%	11.3%	11.3%	11.0%	10.8%	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	8.5%
90-94	11.5%	11.3%	11.3%	11.3%	11.3%	11.0%	10.8%	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	8.5%

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit							Lifetime Maximum: 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%
25-29	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%
30-34	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%
35-39	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%
40-44	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%
45-49	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%
50-54	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%
55-59	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%
60-64	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.5%
65-69	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	8.5%	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	8.5%
70-74	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	8.5%	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	8.5%
75-79	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	8.5%	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	8.5%
80-84	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	8.5%	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	8.5%
85-89	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	8.5%	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	8.5%
90-94	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	8.5%	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	8.5%

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.8%
25-29	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.8%
30-34	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.8%
35-39	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.8%
40-44	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.8%
45-49	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.8%
50-54	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.8%
55-59	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.8%
60-64	9.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.8%
65-69	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
70-74	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
75-79	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
80-84	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
85-89	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
90-94	9.8%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%

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Table F-12

Nonforfeiture Benefit

(% Increase to Base Rate)

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%
25-29	29.0%	29.0%	29.0%	29.0%	29.0%	29.0%	29.0%
30-34	28.0%	28.0%	28.0%	28.0%	28.0%	28.0%	28.0%
35-39	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%
40-44	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%
45-49	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
50-54	24.0%	24.0%	24.0%	24.0%	24.0%	24.0%	24.0%
55-59	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
60-64	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%
65-69	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%
70-74	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%
75-79	19.0%	19.0%	19.0%	19.0%	19.0%	19.0%	19.0%
80-84	18.0%	18.0%	18.0%	18.0%	18.0%	18.0%	18.0%
85-89	17.0%	17.0%	17.0%	17.0%	17.0%	17.0%	17.0%
90-94	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%

Table F-13

Adjustment when Inflation increases are reduced by claims

Issue Age							
	No BIO*	5% Equal BIO*	5% Compound to 65, 5% Equal*	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	0.0%	0.0%	0.0%	-1.5%	-2.0%	-1.5%	-1.5%
25-29	0.0%	0.0%	0.0%	-1.5%	-2.0%	-1.5%	-1.5%
30-34	0.0%	0.0%	0.0%	-1.5%	-2.0%	-1.5%	-1.5%
35-39	0.0%	0.0%	0.0%	-1.5%	-2.0%	-1.5%	-1.5%
40-44	0.0%	0.0%	0.0%	-2.0%	-2.5%	-2.0%	-2.0%
45-49	0.0%	0.0%	0.0%	-2.0%	-2.5%	-2.0%	-2.0%
50-54	0.0%	0.0%	0.0%	-2.0%	-2.5%	-2.0%	-2.0%
55-59	0.0%	0.0%	0.0%	-2.0%	-2.5%	-2.0%	-2.0%
60-64	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%
65-69	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%
70-74	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%
75-79	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%
80-84	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%
85-89	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%
90-94	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%

* These Inflation options will not have the option to reduce inflation increases by claims.

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Table F-14
Rate Guarantee

Rate Guarantee Period	Certificate Level	Policy Level
0 to 3 Years	1.00	1.00
4 Years	1.02	1.00
5 Years	1.04	1.00
6 Years	Not Available	1.02
7 Years	Not Available	1.04
8 Years	Not Available	1.06
9 Years	Not Available	1.08
10 Years	Not Available	1.10

Table F-15
Future Purchase Options (% Change to No Benefit Increases)

FPO Offer	% Load
3% Compounded Annually every 2 years (Reduced by claims)	2.5%
3% Compounded Annually every 3 years (Reduced by claims)	3.0%
3% Compounded Annually every 2 years (Not reduced by claims)	3.5%
3% Compounded Annually every 3 years (Not reduced by claims)	4.0%
5% Compounded Annually every 2 years (Reduced by claims)	3.0%
5% Compounded Annually every 3 years (Reduced by claims)	3.5%
5% Compounded Annually every 2 years (Not reduced by claims)	4.0%
5% Compounded Annually every 3 years (Not reduced by claims)	4.5%

Table F-16
Guaranteed Purchase Options (% Change to No Benefit Increases)

GPO Offer	% Load
3% Compounded Annually every 2 years (Reduced by claims)	4.5%
3% Compounded Annually every 3 years (Reduced by claims)	5.0%
3% Compounded Annually every 2 years (Not reduced by claims)	5.5%
3% Compounded Annually every 3 years (Not reduced by claims)	6.0%
5% Compounded Annually every 2 years (Reduced by claims)	5.0%
5% Compounded Annually every 3 years (Reduced by claims)	5.5%
5% Compounded Annually every 2 years (Not reduced by claims)	6.0%
5% Compounded Annually every 3 years (Not reduced by claims)	6.5%

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Table F-17
Shared Coverage

(% Increase to Base Rate)

Issue Age	Lifetime Maximum: 730 x Daily Benefit							Lifetime Maximum: 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
25-29	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
30-34	6.5%	6.0%	5.5%	5.5%	6.0%	5.5%	5.5%	5.5%	5.8%	5.8%	5.8%	5.8%	5.8%	5.0%
35-39	8.0%	7.0%	6.0%	6.0%	7.0%	6.0%	6.0%	6.0%	6.5%	6.5%	6.5%	6.5%	6.5%	5.0%
40-44	10.0%	9.0%	8.0%	8.0%	9.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	7.3%
45-49	12.0%	11.0%	10.0%	10.0%	11.0%	10.0%	10.0%	10.0%	9.5%	9.5%	9.5%	9.5%	9.5%	9.5%
50-54	17.0%	15.0%	14.0%	14.0%	15.0%	14.0%	14.0%	12.0%	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%
55-59	19.0%	18.0%	17.0%	17.0%	18.0%	17.0%	17.0%	14.0%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%
60-64	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%	16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%
65-69	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%	16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%
70-74	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%	16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%
75-79	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%	16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%
80-84	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%	16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%
85-89	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%	16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%
90-94	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%	16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit							Lifetime Maximum: 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
25-29	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
30-34	4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
40-44	6.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	6.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
45-49	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
50-54	10.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	10.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
55-59	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
60-64	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
65-69	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
70-74	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
75-79	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
80-84	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
85-89	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
90-94	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit							Lifetime Maximum: 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
25-29	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
30-34	4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
40-44	6.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	6.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
45-49	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
50-54	10.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	10.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
55-59	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
60-64	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
65-69	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
70-74	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
75-79	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
80-84	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
85-89	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
90-94	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
25-29	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
30-34	4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
40-44	6.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
45-49	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
50-54	10.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
55-59	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
60-64	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
65-69	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
70-74	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
75-79	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
80-84	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
85-89	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
90-94	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%

GENWORTH LIFE INSURANCE COMPANY

Table F-18

Shared Coverage with Joint Waiver Rider

(% Increase to Base Rate)

Issue Age	Lifetime Maximum: 730 x Daily Benefit							Lifetime Maximum: 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%
25-29	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%
30-34	7.7%	7.2%	6.7%	6.7%	7.2%	6.7%	6.7%	6.2%	7.0%	7.0%	7.0%	7.0%	7.0%	6.2%
35-39	9.2%	8.2%	7.2%	7.2%	8.2%	7.2%	7.2%	7.2%	7.7%	7.7%	7.7%	7.7%	7.7%	6.2%
40-44	11.2%	10.2%	9.2%	9.2%	10.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	8.5%
45-49	13.2%	12.2%	11.2%	11.2%	12.2%	11.2%	11.2%	11.2%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%
50-54	18.2%	16.2%	15.2%	15.2%	16.2%	15.2%	15.2%	13.2%	12.7%	12.7%	12.7%	12.7%	12.7%	12.7%
55-59	20.2%	19.2%	18.2%	18.2%	19.2%	18.2%	18.2%	15.2%	14.7%	14.9%	14.9%	14.7%	14.9%	14.9%
60-64	23.2%	22.4%	22.8%	21.4%	22.4%	21.8%	21.8%	17.3%	17.3%	17.5%	17.3%	17.3%	17.5%	17.5%
65-69	23.6%	23.3%	23.3%	22.3%	23.3%	22.6%	22.6%	18.3%	18.4%	18.4%	18.4%	18.4%	18.5%	18.5%
70-74	24.5%	24.4%	24.4%	23.4%	24.4%	24.0%	24.0%	19.5%	19.7%	19.7%	19.7%	19.7%	19.8%	19.8%
75-79	26.8%	26.0%	26.0%	25.0%	26.0%	25.0%	25.0%	21.0%	20.5%	20.5%	20.5%	20.5%	20.5%	20.5%
80-84	26.8%	26.0%	26.0%	25.0%	26.0%	25.0%	25.0%	21.0%	20.5%	20.5%	20.5%	20.5%	20.5%	20.5%
85-89	26.8%	26.0%	26.0%	25.0%	26.0%	25.0%	25.0%	21.0%	20.5%	20.5%	20.5%	20.5%	20.5%	20.5%
90-94	26.8%	26.0%	26.0%	25.0%	26.0%	25.0%	25.0%	21.0%	20.5%	20.5%	20.5%	20.5%	20.5%	20.5%

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit							Lifetime Maximum: 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%
25-29	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%
30-34	5.7%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	5.7%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%
35-39	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%
40-44	7.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	7.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%
45-49	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%
50-54	11.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	11.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%
55-59	15.2%	10.3%	10.4%	10.4%	10.3%	10.4%	10.4%	15.2%	10.3%	10.4%	10.4%	10.3%	10.4%	10.4%
60-64	15.7%	11.0%	11.3%	11.0%	11.0%	11.3%	11.3%	15.7%	11.0%	11.3%	11.0%	11.0%	11.3%	11.3%
65-69	16.6%	12.1%	12.1%	12.1%	12.1%	12.4%	12.4%	16.6%	12.1%	12.1%	12.1%	12.1%	12.4%	12.4%
70-74	18.0%	13.6%	13.6%	13.6%	13.6%	13.7%	13.7%	18.0%	13.6%	13.6%	13.6%	13.6%	13.7%	13.7%
75-79	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
80-84	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
85-89	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
90-94	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit							Lifetime Maximum: 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
25-29	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
30-34	5.7%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.7%	7.2%	7.2%	7.2%	7.2%	7.2%	7.2%
35-39	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%
40-44	7.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%
45-49	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%
50-54	11.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	12.1%	10.1%	10.1%	10.1%	10.1%	10.1%	10.1%
55-59	13.2%	10.3%	10.4%	10.4%	10.3%	10.4%	10.4%	12.4%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%
60-64	13.7%	11.0%	11.3%	11.0%	11.0%	11.3%	11.3%	13.2%	11.9%	11.3%	11.9%	11.9%	11.3%	11.3%
65-69	14.6%	12.1%	12.1%	12.1%	12.1%	12.4%	12.4%	15.0%	13.4%	13.4%	13.4%	13.4%	12.4%	12.4%
70-74	16.0%	13.6%	13.6%	13.6%	13.6%	13.7%	13.7%	15.0%	14.0%	14.0%	14.0%	14.0%	13.7%	13.7%
75-79	17.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
80-84	17.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
85-89	17.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
90-94	17.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
25-29	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
30-34	6.7%	7.2%	7.2%	7.2%	7.2%	7.2%	7.2%
35-39	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%
40-44	8.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%
45-49	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%
50-54	12.1%	10.1%	10.1%	10.1%	10.1%	10.1%	10.1%
55-59	12.4%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%
60-64	13.2%	11.9%	11.3%	11.9%	11.9%	11.3%	11.3%
65-69	15.0%	13.4%	13.4%	13.4%	13.4%	12.4%	12.4%
70-74	15.0%	14.0%	14.0%	14.0%	14.0%	13.7%	13.7%
75-79	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
80-84	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
85-89	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
90-94	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%

GENWORTH LIFE INSURANCE COMPANY

Table G

Adjustments for Alternative Flat Commission Levels (or actuarial equivalent)

Commission %	Factor
0%	0.825
1%	0.835
2%	0.845
3%	0.855
4%	0.865
5%	0.875
6%	0.888
7%	0.901
8%	0.914
9%	0.927
10%	0.940
11%	0.952
12%	0.964
13%	0.976
14%	0.988
15%	1.000
16%	1.018
17%	1.036
18%	1.054
19%	1.072
20%	1.090
21%	1.108
22%	1.126
23%	1.144
24%	1.162
25%	1.180

Table H

Group Underwriting Factor

(Multiple of Base Rates)

Factor
0.65 to 1.50

GENWORTH LIFE INSURANCE COMPANY

Table I

Expense Adjustment Factor

(Multiple of Base Rates)

Factor
0.65 to 1.50

Table J

Adjustments to annual premium rates when alternative billing frequencies are used

Mode	Factor
Annual	1.00
Semi-Annually	0.51
Quarterly	0.26
Monthly & Others	0.09

Premiums for payment options in the Other Category will be calculated using the following formula: $\text{Monthly Rate} * 12 / \# \text{ Payments per Year}$.

GENWORTH LIFE INSURANCE COMPANY

Discounts Available

- A -

Couples Discount

A 40% discount applies if both members of a couple submit valid applications and both are issued policies.

A 25% discount applies if both members of a couple submit valid applications and only 1 is issued a policy.

Note:

1. "Valid application" means that the applicant has answered "No" to all questions in the Insurability Profile section of the application and that these answers have been verified through the collection of other risk management information (e.g. medical records and face-to-face assessments).
2. We may use the following alternative discount structure for a group: A 35% discount will apply if both members of a couple submit valid applications. This discount is actuarially equivalent to the discount structure described above.

Preferred Health Discount

A 20% discount applies for single applicants who satisfy the criteria for the preferred health discount.

A 10% discount applies for a member of a couple who satisfies the criteria for the preferred health discount.

Note:

1. "Member of a couple" means an applicant who is eligible for a couples discount described above.
2. We may use the following alternative discount structure for a group: A 15% discount will apply for an applicant who satisfies the criteria for the preferred health discount. This discount is actuarially equivalent to the discount structure described above.

List Bill/Commonly Marketed Discount

For groups with 3 or more actively at work employees/members a 5% discount will apply if the group is commonly marketed or list billed.

Producer Discount

A 10% discount will apply to applicants who are producers (i.e. an insurance agent appointed to sell Long Term Care insurance) and their spouses. To be eligible, the applicant must be an appointed agent, in good standing, meeting contractual sales obligations, or a spouse or partner. The discount is in effect for the lifetime of the policy.

GENWORTH LIFE INSURANCE COMPANY

- B -

Couples Discount

A 40% discount applies if both members of a couple submit valid applications and both members are issued policies.

A 25% discount applies if both members of a couple submit valid applications and only 1 member is issued a policy.

Note:

1. "Valid application" means that the applicant has answered "No" to all questions in the Insurability Profile section of the application and that these answers have been verified through the collection of other risk management information (e.g. medical records and face-to-face assessments).
2. We may use the following alternative discount structure for a group: A 35% discount will apply if both members of a couple submit valid applications. This discount is actuarially equivalent to the discount structure described above.

List Bill/Commonly Marketed Discount

For groups with 3 or more actively at work employees/members a 5% discount will apply if the group is commonly marketed or list billed.

Preferred Health Discount

A preferred health discount is not offered due to the fact that underwriting is on a simplified basis. More detailed underwriting is required to determine whether an applicant qualifies for this discount.

- C -

Couples Discount

0% couples discount. If the policyholder elects to include a couples discount, rates must be adjusted.

Table: Adjustment to base rate table

Couples Discount	Adjustment to base rate table
5%	1.04
10%	1.08
15%	1.12
20%	1.16

Preferred Health Discount

A preferred health discount is not offered due to the fact that underwriting is on a simplified basis. More detailed underwriting is required to determine whether an applicant qualifies for this discount.

GENWORTH LIFE INSURANCE COMPANY

Substandard Rating

A substandard risk charge of 25%, 50%, 75% or 100% may be applied to applicants in response to certain health underwriting criteria, and consistent with findings during the underwriting process.

SERFF Tracking Number: GEFA-125754849

State: Arkansas

Filing Company: Genworth Life Insurance Company

State Tracking Number: 39947

Company Tracking Number:

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

Product Name: Group LTC 2008

Project Name/Number: Group LTC 2008/7050 POL

Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	
Comments:		Filed	09/11/2008
Attachment:			
Flesch Cert.pdf			

Satisfied -Name:	Application	Review Status:	
Comments:			07/30/2008
Applications included under the Form Schedule.			

Satisfied -Name:	Outline of Coverage	Review Status:	
Comments:			07/30/2008
Outline of Coverage included under the Form Schedule			

Satisfied -Name:	Cover Letter	Review Status:	
Comments:			08/29/2008
Attachment:			
AR Cover Letter-revised.pdf			

Satisfied -Name:	Statement of Variability	Review Status:	
Comments:			08/15/2008
Attachment:			
Statement of Variability Complete.pdf			

Satisfied -Name:	Partnership Certification	Review Status:	
Comments:		Accepted for Informational Purposes	09/11/2008

SERFF Tracking Number: GEFA-125754849

State: Arkansas

Filing Company: Genworth Life Insurance Company

State Tracking Number: 39947

Company Tracking Number:

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

Product Name: Group LTC 2008

Project Name/Number: Group LTC 2008/7050 POL

Attachment:

Partnership Certification.pdf

GENWORTH LIFE INSURANCE COMPANY
Certification

This is to certify that the forms listed below, when scored under the Flesch Reading Ease Test meet your state's minimum Flesch Score.

Forms	Description	Score
7050CRT	Standard Certificate	51.8
7050POL &MA	Policy & Master Application	48.5
7050-OL	Outline	46.8
7050RDR-LP10	Limited Pay 10 Rider	51.2
7050RDR-LP65	Limited Pay to 65 Rider	48.9
7050RDR-RB	Restoration Benefit Rider	55.2
7050RDR-SURV7	7 Year Survivorship Rider	60.6
7050RDR-SURV10	10 Year Survivorship Rider	60.6
7050RDR-SURV10X	10 Year Survivorship Rider	56.9
7050RDR-SCW	Shared Coverage Rider with Waiver	62.5
7050RDR-SCNW	Shared Coverage Rider No Waiver	63.2
7050RDR-JC	Joint Coverage Rider	59
7050RDR-RP10	10 Year Return of Premium Rider	59
7050RDR-NFO	Nonforfeiture Rider	60
7050RDR-GRP	Graded Return of Premium Rider	55.6
44752	Application	45.3
43160	Application	50.4



Officer's Signature

Vice President
Officer's Title

July 30, 2008
Date



6620 West Broad Street
Building 4
Richmond, VA 23230
www.genworth.com

August 29, 2008

Arkansas Department of Insurance

Re: Genworth Life Insurance Company
FEIN # 91-6027719 NAIC # 70025
GROUP ACCIDENT AND HEALTH INSURANCE
Long Term Care Insurance Policy 7050POL, et al. (See enclosed Attachment A)

Dear Sir or Madam:

We are submitting the group long term care insurance forms cited in Attachment A to this letter for your review and approval. These forms are new to our portfolio and will not replace any previously filed or approved forms. Substantially similar forms are being filed concurrently in Delaware, our state of domicile.

These forms provide group long term care insurance and are filed for general use in accordance with the applicable statutes and regulations of your jurisdiction. The group policy is guaranteed renewable and intended to provide federally tax qualified long term care insurance under the Health Insurance Portability and Accountability Act of 1996. The forms are designed so that the group master policy may be issued to any group eligible by statute and/or regulation in your state for long term care insurance. Coverage may be issued to eligible employees or eligible retirees of an employer group or eligible members of other allowable groups. Coverage may also be offered to any of the following family members of eligible employees of employer groups, eligible retirees of employer groups or the eligible participants of other allowable groups: spouse, partner, surviving spouse or partner, adult child, sibling, parent or grandparent.

The group policyholder will select and design the number and types of plans it wishes to offer to applicants. The policyholder will design these plans with respect to selecting single or multiple options of the following:

- Rate Guarantee Period
- Eligibility for Coverage
- Coverage Maximum
- Elimination Period or Deductible
- Coverage Percentage
- Nursing Facility Maximum
- Benefit Increase Options
- Optional Benefits and Riders
- Policyholder contribution to premium payment

Parameters for these category options are included in the Statements of Variability attached. The policy forms attached include an illustrative sample of an available benefit option.



Benefit Provisions. The following core benefits will be included in each policy issued; however, alternate versions of these benefits may be used as noted in the attached Statements of Variability:

- Privileged Care Coordination Services
- Nursing Facility Benefit
- Assisted Living Facility Benefit
- Home and Community Care Benefit
- Bed Reservation Benefit
- Home Assistance Benefit
- Hospice Care Benefit
- Respite Care Benefit
- Alternate Care Benefit
- International Coverage Benefit
- Waiver of Premium Benefit
- Contingent Nonforfeiture

In addition, the following optional benefits may be offered. Similarly, alternate versions of these benefits may also be offered as noted in the attached Statements of Variability:

- Informal Care Benefit
- Return of Premium on Death Benefit
- Restoration Benefit
- Transition Benefit
- Nonforfeiture Benefit Rider
- Joint Coverage Rider
- Shared Coverage Rider
- Survivorship Benefit.

Several Benefit Increase Options will be offered including: 5% Compound; 3% Compound; Purchase Options; and others as listed in the attached Statements of Variability.

Variability of Forms. We have included separate Statements of Variability for: the policy, certificate and related forms; the policy and certificate schedule pages; and Benefit Increase Options. These Statements address the purpose of any bracketed fields found in the policy and related forms.

Applications. We are including the following applications for your review and approval: Group Master Application, 7050 MA; Applications 43160 (Long Form) and 44752 (Comprehensive Modified Guaranteed Issue). In addition, we also intend to use applications 37607(Guaranteed Issue), 37608 (Simplified Modified Guaranteed Issue) 37610 (Short Form) and 37614 (Short Form- Spouses), which were previously approved by your Department on 9/13/05.

Additional Forms. A Personal Worksheet and Potential Rate Increase Disclosure have also been included for your review and approval. Replacement Notice 7046RPM, will be used. This form was previously approved by your Department on 9/13/05.

Format. While the attached forms are submitted on 8 ½ by 11 pages, we reserve the right to also print the same text in other formats or type faces and sizes (not less than your state's required minimum) such as in booklet format (5½ by 8 ½ pages), multiple columns or on electronic media (e.g. CD-ROM, Internet), if requested by the group policyholder.



Marketing Method. This product will be marketed through employee meetings, agent/producer assisted sales, the Internet or the direct response method. Each applicant will receive an Outline of Coverage at time of application.

Partnership. In addition, we are submitting a completed Long Term Care Partnership Certification Form in order that, upon approval, this policy may be marketed as a qualified Partnership Policy under the Arkansas Long Term Care Partnership Program. We request consideration for Partnership, the policy's following inflation protection options:

3%, 4%, or 5% Compound Benefit Increases (all ages);
5% Equal or 3% Compound Benefit Increases (ages 61 and above);
Benefit Increases Adjusting at Age 66 (all ages);
No Automatic Increases (age 76 and above)

An Actuarial Memorandum and rates are also included for your review, together with any required certifications and filing fees.

We trust that this submission will be acceptable to your Department. However, please let me know if you should have any questions or comments.

Sincerely,

Jeanette Mai

Sr. Contracts Analyst
LTC Product Development



Attachment A

Form Number

Description

Policy

7050POL

Group Master Policy

Certificate

7050CRT

Certificate

7050CRT-SCH

Certificate Schedule

7050CCRT-TOC

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Home and Community Care Benefit

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Home Assistance Benefit

7050CRT-INFWD

Informal Care Benefit

7050CRT-INF

Informal Care Benefit

7050CRT-HOS

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7050CRT-SURV10X

10 Year Survivorship Benefit

7050CRT-RB

Restoration Benefit

7050CRT-GRP

Graded Return of Premium on Death Benefit

7050CRT-RP10

10 Year Return of Premium on Death Benefit

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Contingent Nonforfeiture Benefit

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Graded Return of Premium Rider
10 Year Return of Premium Rider
Nonforfeiture Benefit Rider
Shared Coverage Rider
Shared Coverage Rider
Joint Coverage Rider
10 Year Survivorship Rider
10 Year Survivorship Rider
7 Year Survivorship Rider
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Applications

7050MA
44752
43160

Group Master Application
Application (Comprehensive Modified Guaranteed Issue)
Application (Long Form)

7050-OL

Outline of Coverage

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Personal Worksheet
Potential Rate Increase Disclosure Notice

Partnership Certification

Actuarial Memorandum and Rate Sheets

GENWORTH LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY

**Group Long Term Care Insurance
Form Series 7050 and related forms**

Language that appears in brackets in the forms contained in this filing may vary as described herein.

For all forms, information contained in brackets is intended to vary, either in accordance with the following general guidelines, or within the specific parameters stated below for the form containing variable language:

- We may vary the names and/or titles of officers that appear on any of the forms.
- We may vary the address and telephone number for the company and may include website information if deemed appropriate.
- Case/individual information, such as names, numbers, descriptions of plans, page numbers, benefit structure and timeframes, etc., will be completed with information appropriate to the specific group and insured.

Form**Title****7050POL****Group Long Term Care Insurance Policy**

- Page 1 – The Rate Guarantee Period may be omitted or use one of the following descriptions, based on the specifics of the group program.
Rate Guarantee Period: (XX) years from the Group Policy Effective Date.
Rate Guarantee Period: (XX) years from the Group Policy Effective Date, but not less than (YY) years from the Coverage Effective Date applicable to the Insured.
Rate Guarantee Period: (XX) years from the earliest Coverage Effective Date for the Insured's Certificate.
- Page 5 (Premium Provisions)
Premium Rates: The following language may be used for the age on which premiums are based:
 - Premiums for each Insured will be based on his or her age *on his or her Coverage Effective Date*.
 - Premiums for each Insured will be based on his or her age *on the date his or her application is signed*.
 - Premiums for each Insured will be based on his or her age *within 30 days prior to the date his or her application is signed*.Premium Rate Guarantee: This provision may be omitted based on the specifics of the group program.
Payment of Premiums and Grace Period: The time frames in which the Policyholder's payment of premium is required may be 31, 45 or 60 days, based on the administrative parameters of the specific group.
Right to Change Premium Rates:
 - The right to change rates when the Rate Guarantee Period expires may be omitted.
 - The time frames for written notice or change in Premium Rates may be 60, 90, 120 or 180 days.
- Page 6 (Discontinuance of Sponsorship Provisions)
Discontinuance Of The Offer Of Coverage Under The Group Policy By Us:
 - The timeframes for written notice of discontinuance of the offer of coverage may be 31, 60, 90 or 180 days.
 - The minimum enrolled numbers of Eligible Persons and Eligible Family Members may from a number 2 to 20 persons.Discontinuance Of Sponsorship Of The Group Policy By The Policyholder: The timeframes for written notice of discontinuance of sponsorship may be 31, 60, 90 or 180 days.
- Page 7 (Schedule of Exhibits) This page will list Group Policy Eligibility Schedule, Benefits Master Schedule, Rate Schedule, Certificate and Rider form numbers and the criteria that determines their applicability.

Group Policy Eligibility Schedule

- Eligibility For Coverage
- The description of general requirements may be modified, based on the specifics of the group, to reflect (1) different maximum age limits (if any), (2) minimum participation based on number of enrolled lives (from 3 to 10 or the lesser of such a minimal number or a percentage of the total eligible population and (3) omission of the coverage Limits restriction (e.g. for contributory situations or minimal coverage amounts).
- Classes and categories of persons within them and the contributory nature of the coverage will be tailored to the Policyholder's criteria.
- The descriptions of the eligible Employees, Retirees and Members will be tailored to the Policyholder's criteria
- When coverage is to be made available to Eligible Family Members they may include any of the defined categories (Spouse, Partner, Surviving Spouse or Partner, Adult child, Sibling, Parent, or Grandparent) as described or as otherwise modified based on the criteria of the Policyholder.

Benefits Master Schedule

- This will be completed to show the coverage limits and features available as described in the Addendum 1 to this Statement of Variability. Multiple Schedule pages may be used when appropriate for the plans being offered to various classes.

Rate Schedule

- This will be completed to reflect applicable rates and factors. Multiple Schedule pages may be used when appropriate for the plans being offered to various classes.

Form

Title

7050MA

Application for Group Long Term Care Insurance

This is an acceptance application that will accompany the issued Group Policy.

- Reference to the Number of Eligibles will refer to either "Eligible Employees" or "Eligible Person" and will include the qualifier "other than Eligible Family Members", as applicable to the group and plan offerings.
- The agreement to support enrollment may be omitted when not applicable to the plan offerings.
- The Minimum Participation Requirements and Coverage Limits restrictions will be tailored to agree with the corresponding provisions in the issued policy.

Form**Title****7050CRT****Certificate Face Page**

- The timeframe in the Free Look provision may vary from 30, 45, 60 or 90 days.
- The Pre-Existing Conditions statement at the bottom of the page will be omitted when not appropriate.

7050CRT-TOC**Table of Contents**

- Page numbers will be adjusted to agree with actual Certificate content.

7050CRT-SCH**Schedule**

- This will be completed to show the coverage limits and features for the Insured as described in the Addendum 1 to this Statement of Variability.

7050CRT-POC**Period of Coverage**

- The Deferred Coverage Effective Date and its Actively at Work and Active Service provisions may be omitted in whole or in part. Bracketed wording in these provisions show alternate choices or wording that may be omitted based on the specifics for the case. The number of hours to be considered employed on a full-time basis will differ from 30 hours only when the Policyholder has established different standards for defining full-time employment.
- When the Policyholder is not paying a portion of the premium we will omit the bracketed sentence in the second paragraph of the "Your Right to Cancel Coverage At Any Time" provision as well as the entire provision entitled "Continuing Coverage Paid For By The Policyholder".

7050CRT-HCF & 7050CRT-HCFI**Home and Community Care Benefit**

- These are alternate Benefit insert pages. Form 7050CRT-HCF will be used when the coverage is limited to formal care providers; they contain no variable language.

7050CRT-INFWD**Informal Care Benefit**

- This Benefit is optional and will be included for plans that have this type of informal care coverage which is subject to a Deductible or Elimination Period - it has no variable language.

7050CRT-INF**Informal Care Benefit**

- This Benefit is optional at the plan level and will be included for plans that have this type of informal care coverage which is NOT subject to a Deductible or Elimination Period - it has no variable language.

7050CRT-TRN**Transition Benefit**

- This Benefit is optional at the plan level - it has no variable language.

7050CRT-ALFV and 7050CRT-ALF**Assisted Living Facility Benefit**

- These are alternate Benefit insert pages. Form 7050CRT-ALFV will be used for groups that vary (either at the individual or plan basis) in the manner in which room charges in an Assisted Living Facility are covered – they contain no variable language.

7050CRT-BR & 7050CRT-BRNF**Bed Reservation Benefit**

- These are alternate Benefit insert pages. Form 7050CRT-BRNF will be used when the applicable plan is limited to reserving accommodations in a Nursing Facility – they contain no variable language.

7050CRT-SURV10X**10 Year Survivorship Benefit**

- This Benefit is optional at the plan level - it has no variable language.

7050CRT-RB Restoration Benefit

- This Benefit is optional at the plan level - it has no variable language.

7050CRT-GRP Graded Return of Premium on Death Benefit

- This Benefit is optional at the plan level - it has no variable language.

7050CRT-RP10 10 Year Return of Premium on Death Benefit

- This Benefit is optional at the plan level - it has no variable language.

7050CRT-EX Exclusions and Limitations

- Exclusions: Any of the listed exclusions may or may not be included in the group policy, based on the group program design.
- Coordination with Other Coverage: The provision may be omitted or may be restricted to coordinate only with group coverage, based on the group program design.
- Pre-Existing conditions Limitation: The provision may apply to conditions beginning within either the first 6 or 12 months of coverage, may or may not apply when the application included health questions, or be omitted, based on the group program design. (The 12 month limitation will only be used when issued to one or more employers, one or more labor organizations or a trust for such groups.)

7050CRT-PREM Premiums and Renewal

- This form will always be included; the references to the Rate Guarantee Period will be omitted if there is not Rate Guarantee in the Schedule (page 4).

7050CRT-GEN General Provisions

- This form will always be included. The Replacement Provisions will be included only when we are replacing coverage under the conditions stated therein. Inclusion of the statements related to Return of Premium on Death Benefits and Pre-Existing Conditions Limitations will be based on features of the group program design.
- The Certificate will always close with the notice to keep it in a safe place with other important documents.

Form**Title****7050-OL****Outline of Coverage**

- Item 1 (Policy Designation) will reflect the jurisdiction in which the Group Policy is issued.
- Item 5 (Terms under Which The Company May Change Premiums) will be modified to agree with the rate change notification and rate guarantee periods (if any) applicable under the Group Policy.
- Item 6 (Terms Under Which The Certificate May Be Returned And Premiums Refunded) will reflect the Free Look Period (30, 45, 60 or 90 days) applicable under the Group Policy
- Item 9 (Benefits Provided) will include the descriptions of the International Coverage and home care coverage that includes Informal Providers when applicable under the Group Policy.
- Item 10 (Exclusions and Limitations) will be completed to agree with the provisions of the Group Policy as it applies to Pre-Existing Conditions Coverage, the Exclusions/Exceptions and Limitations and Non-Duplication. The Coordination with Other Coverage description will be included when the Group Policy includes such a provision.
- The Pre-Existing Conditions Limitation will be included only when there is a comparable provision applicable to the Group Policy (in which event this wording will match that of the Group Policy).
- Item 11 (Relationship Of Cost Of Care And Benefits) The descriptions of Available Benefit Increase Options will reflect the options available under the Group Policy as described in the Explanation of Variable Language for Benefit Increases.
- Item 13 (Premium) Premiums will be shown for those Benefits and features that are optional (as described in item 14). Modal Premium and Premium Payment Period information will agree with the corresponding items under the Group Policy.
- Item 14 (Additional Features will include the applicable descriptions for those available riders/benefits. Since many of these features are optional on either an individual or group basis, those which are Optional will include the word "Optional" in the descriptive title and be shown as optional in item 13. The Coverage Features and Limits will be display the plans and options applicable under the Group Policy and will include the Graphs applicable to the Benefit Increases available.

Form

Title

43160

Application (Long Form)

- **All Sections** – The form may be revised to contain answers for only one applicant. In that event, any reference to a second applicant, including title lines for Applicant A and Applicant B, duplicate sets of check boxes and related additional text would not appear.
- **Section B - Personal Profile** – Reference to *Employee/Member ID* and *Employer/Group Name* will appear only as appropriate to the specific group or insured.
- **Section I - Declarations** – *Rejection of 5% Compound for Life Inflation Protection* and will appear only if the option is available under the Group Policy.

Rejection of Optional Non Forfeiture Benefit Rider will appear only if the option is available under the Group Policy

Request for a Later Effective Date will appear only if acceptable under the administration of the Group Policy.

Agent Signature Box will only appear if an agent or producer is involved in the application process.

44752**Application (Comprehensive Modified Guaranteed Issue)**

- **All Sections** – The form may be revised to contain answers for only one applicant. In that event, any reference to a second applicant, including title lines for Applicant A and Applicant B, duplicate sets of check boxes and additional text would not appear.
- **Section A – Personal Profile** – Actively at work statement and eligibility requirements will appear only as appropriate to the specific group.
- **Section E - Declarations** – *Rejection of 5% Compound for Life Inflation Protection* and will appear only if the option is available under the Group Policy.

Rejection of Optional Non Forfeiture Benefit Rider will appear only if the option is available under the Group Policy.

Actively at Work representation will appear only as appropriate to the specific group or insured. Alternatively, the following *Active Service* representation may appear where appropriate to the group or insured:

I certify that I am [in Active Service]. I understand that Coverage will not go into effect for me unless I am [in Active Service] for the prior 30 calendar day period ["Active Service" means I am able to engage in substantially all of the usual activities of a person in good health of like age and sex, and am not: (1) confined in a hospital, nursing, assisted living, or custodial care facility; or (2) receiving home health care services.]

Agent Signature Line will only appear if an agent or producer is involved in the application process.

Form

Title

45875W

Long Term Care Insurance Personal Worksheet

- **All Sections** – The form may be revised to contain signature lines for only one applicant. In that event, any reference to a second applicant, including title lines for Applicant B Signature, duplicate signature lines and additional text would not appear.
- **Preliminary Text** – The instructions regarding completion and submission of the form will appear only as appropriate to the group and insured.
- **Section B** – References to the national average cost of care will be updated as appropriate.

References to *Deductible* will appear only as appropriate to the coverage offered.

References to *Agent/Producer* will appear as appropriate, dependent upon the involvement of an agent/producer in the application process.

GENWORTH LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY

Addendum 1

**Applicable to the Benefits Master Schedule and Certificate Schedule used with
Group Long Term Care Insurance Form Series 7050 and related forms**

The following describes the information used to create the Benefits Master Schedule of the Group Policy and the corresponding Certificate Schedule. When applicable to a Policy Benefits Master Schedule, the range of choices and options for the applicable plan(s) will be shown (either on a single Schedule or separate Schedules for varying plans). At the top of the Schedule and within the variables reflecting individual selections the case/individual information, such as names, ages, numbers, descriptions of plans, page numbers, benefit structure, amounts and timeframes, etc., including bracketed [] information will be completed with information appropriate to the specific group and insured (within the parameters contemplated by our rate filing) as described below.

COVERAGE FEATURES AND LIMITATIONS

The following statement will appear below the above caption. All Schedule references to Covered Percentage may be deleted when payment for the group program is not subject to co-insurance.

Benefits are payable for [the Covered Percentage of] the Covered Expenses that are incurred after the Deductible or Elimination Period, as applicable, has been satisfied. Payment is subject to the limits determined below and all other provisions of Coverage.

The next entries will be:

Deductible: Either "Not Applicable" or a multiple of (e.g. 50 times) the Nursing Facility Maximum

Elimination Period: Either "Not Applicable", "XX days of Covered Care"; or "XX calendar days"

Coverage Percentage: [80%] or [100%] as applicable to the plan being described.

If there is an Elimination Period based on "days of Covered Care" the following explanation will appear:

The Elimination Period is satisfied by days You incur a Covered Expense while You are Chronically Ill.

If there is an Elimination Period based on "calendar days" the following explanation will appear:

The Elimination Period is satisfied by days You are Chronically Ill beginning with the first day You incur a Covered Expense.

The following will be added to either of the above when the Elimination Period is waived for Home and Community Care.

[However, there is no Elimination Period for the Home and Community Care Benefit; and, days of Covered Care under that Benefit will satisfy the Elimination Period when the care is received in accordance with a Plan of Care developed by a Privileged Care Coordination Team.]

Coverage Maximum: "\$xxx,xxx" or "Unlimited" based on the plan selection.

Nursing Facility Maximum: "\$xxx.00 per day" or "\$x,xxx.00 per calendar month" based on plan selection.

Benefit Increases: "None" or the name of one of the Benefit Increases as determined from the Explanation of Variable Language for Benefit Increases listing. (If the description of the Benefit Increases is not printed on the same page, "See Next Page" will accompany this entry.)

When Benefit Increases will apply to current payment maximums the following explanation will appear:

The Coverage Maximum and amounts based on the Nursing Facility Maximum are: (a) increased when Benefit Increases apply; and (b) exhausted only when the total of all benefits paid equals the then applicable maximum amount.

When Benefit Increases will apply to unused payment maximums the following explanation will appear:

The Coverage Maximum and amounts based on the Nursing Facility Maximum are: (a) reduced as benefits are paid; (b) increased when Benefit Increases apply; and (c) exhausted when they are reduced to zero.

BENEFITS AND SERVICES PROVIDED

Bracketed information is variable and will be included as appropriate to reflect applicable plan features.

Benefits and Services Provided	We Pay [the Covered Percentage of] Covered Expenses Up to these Limits
Privileged Care Coordination Services	Not subject to coverage limits
Home and Community Care Benefit	[[50%][60%][75%] of the] Nursing Facility Maximum per [calendar month][day]
[(Covers Formal Care Providers only)]	
[(Covers Formal and Informal Care Providers)]	
Home Assistance Benefit.....	A Certificate total payment maximum equal to [XX] times the Nursing Facility Maximum
(Equipment, modifications & training)	
[Informal Care Benefit.....	[x%] of the Facility Care Maximum per day for no more than 30 days per calendar year]
Hospice Care Benefit.....	Included
Respite Care Benefit.....	[XX] days per calendar year
[Transition Benefit.....	A one-time payment equal to [5 times] [15% of] the Nursing Facility Maximum]
Assisted Living Facility Benefit	[[50%][60%][75%] of the] Nursing Facility Maximum per [calendar month][day]
[(Includes room charges)]	
[(Excludes room charges)]	
Nursing Facility Benefit	Nursing Facility Maximum per [calendar month][day]
Bed Reservation Benefit	[XX] days per calendar year
[(Nursing Facility Only)]	
[International Coverage Benefit	Included]
Alternate Care Benefit	Payment subject to mutual agreement
Waiver of Premium Benefit	Included
The Waiver of Premium applies only when benefits are payable under the: Nursing Facility Benefit; [Assisted Living Facility Benefit;] Bed Reservation Benefit; [Home and Community Care Benefit;] or Hospice Care Benefit.	
[Restoration Benefit	Included#]
[[Graded][10] Year Return of Premium on Death Benefit.....	Included#]
Contingent Nonforfeiture Benefit	Included

The following (with the applicable bracketed phrase) will appear below the above listing.

The maximum total amount payable for all Covered Expenses incurred [on a day] [in a calendar month] is limited to the Nursing Facility Maximum. This does not apply to the Home Assistance Benefit and Alternate Care Benefit.

When these are provided by Optional Rider they will appear in the Available Options listing of the Policy Benefits Master Schedule. For Certificates they will appear in the Attachments listing which shows the cost of the Optional Rider.

The 2nd page of the Certificate Schedule will continue with the following:

The Applicable Benefit Increase wording, if any will appear – as described in Addendum 2 to this Statement of Variability.

Premium Data - *This area will list optional Riders with the applicable Annual Premium. When there is Shared Coverage or Joint Coverage, the name of the Spouse/Partner will be indicated with the listing of the Shared or Joint Coverage Rider.*

	[Annual] Premium]
[Nonforfeiture Benefit Rider	[\$XX.XX]
[Joint Coverage Rider	[\$XX.XX]
[Shared Coverage [with Joint Premium Waiver Rider].....	[\$XX.XX]
Spouse or Partner for Shared Coverage [Mary Jane Doe]	
[Restoration Rider	[\$XX.XX]
[[10 Year][Graded] Return of Premium On Death Benefit Rider	[\$XX.XX]
[[10][7] Year Survivorship Rider.....	[\$XX.XX]

The premium are will also list the Annual Premium , Modal Premium (and Mode) and any portion of the premium paid by the Policyholder. References to Policyholder contributions will only appear when applicable to the group program.

A there will be a statement as to the modal premium factors that apply. (This is referred to in the Modal premium disclosure on the first page of the Premium and Renewals section.)

Next is the Premium Payment Period with one of the following entries:

Premium Payment Period: [Lifetime]
[10 Years – See attached 10 Year Premium Payment Rider]
[To Age 65 – See attached To Age 65 Premium Payment Rider]

A statement will be included when the Policyholder pays a portion of the premiums.

The following Rate Guarantee wording (if any) will appear based on the specifics for the Group Policy.

[Your Premium Rate Guarantee: The rates that determine the premium for Your Coverage are guaranteed until [xx/xx/xxxx.][three/five/xx years from the earliest Coverage Effective Date. At the end of this period We reserve the right to increase Your premium as stated in the Premiums and Renewal section.]

One or more of the following are the choices apply to the Rating entry:

Rating: [Standard][Preferred Health][Substandard] [/ List Bill] [/Commonly Marketed]
[/ Producer] [with Couples Discount]

In the lower Right corner will be an Optional Entry for Schedule Print Date to be used when a reprinting of the Schedule is appropriate to reflect insured requested changes, such as a change of address or others entries, including, but not limited to those that are administrative in nature.

[This Schedule reflects changes as of the Print Date: 02/20/2009
Attach it to Your Certificate along with prior Schedule pages

GENWORTH LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY

Addendum 2

Explanation of Variable Language for Benefit Increases Applicable to the Benefits Master Schedule and Certificate Schedule used with Group Long Term Care Insurance Form Series 7050 and related forms

The following shows the available Benefit Increase provisions. Wording may vary in the indicated spot as follows:

- *When maximums reduce as claims are paid we will insert "and the unused balances in" where © appears, and omit wording highlighted by shading.*
- *Where ® appears we will insert "any remaining Deductible," when the Coverage uses a Deductible*
- *When the Home and Community Care Benefit maximum is less than 100% of the Nursing Facility Maximum we will insert "other maximums applicable on a per day or per calendar month basis," where # appears.*
- *Where [XX.x%] appears in a Purchase Option we will insert the % increase for the applicable rate and time period.*
- *Bracketed [] wording in the Increases Adjusting at Age 66 will be omitted if the option is not available over age 65.*
- *All other brackets [] indicate alternative wording.*

•

[5%][4%][3%] [Full] Compound Benefit Increases: On each anniversary of Your Coverage Effective Date We will increase, by [the selected] [5%][4%][3%] compounded annually, Your: Nursing Facility Maximum, # ® © Your Coverage Maximum and other maximums that are based on Your Nursing Facility Maximum. [Calculation of the increased amounts is not affected by benefit payments.] Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) Your Coverage terminates; or (c) Your Coverage is continued under a Nonforfeiture Benefit, if applicable.

Graded [Full] Compound Benefit Increases: On each anniversary of Your Coverage Effective Date Your Nursing Facility Maximum will increase in the following manner, based on Your age on that date:

- While You are 60 years of age and younger it will increase by 5%;
- While You are at least 61 years of age and less than 76 years of age, it will increase by 3%; and
- While You are 76 years of age and older, it will increase by 2%.

The same increases will apply to # ® © Your Coverage Maximum and other maximums that are based on Your Nursing Facility Maximum. [Calculation of the increased amounts is not affected by benefit payments.] Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) Your Coverage terminates; or (c) Your Coverage is continued under a Nonforfeiture Benefit, if applicable.

Benefit Increases Adjusting at Age 66: On each anniversary of Your Coverage Effective Date Your Nursing Facility Maximum, Coverage Maximum, and other maximums that are based on Your Nursing Facility Maximum will each increase in the following manner, based on Your age on that date:

- While You are 65 years of age and younger, they will increase by 5% compounded annually.
- While You are at least 66 years of age and older, they will each increase by an amount equal to 5% of the respective amounts in effect on: (a) Your Coverage Effective Date, if You were age 66 or older on that date; and (b) the anniversary of Your Coverage Effective Date on which You are 65 years of age [if You were 65 years of age or younger on Your Coverage Effective Date].

Calculation of the increased amounts is not affected by benefit payments. Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) Your Coverage terminates; or (c) Your Coverage is continued under a Nonforfeiture Benefit, if applicable.

[5% Equal Benefit Increases: On each anniversary of Your Coverage Effective Date Your Nursing Facility Maximum, Coverage Maximum, and other maximums that are based on Your Nursing Facility Maximum will each increase by 5% of their respective amounts in effect on Your Coverage Effective Date. Calculation of the increased amounts is not affected by benefit payments. Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) Your Coverage terminates; or (c) Your Coverage is continued under a Nonforfeiture Benefit, if applicable.]

[5%][3%] Future Purchase Options: These provide a way to increase Your benefit maximums on every [2nd][3rd] anniversary of [the Group Policy Effective Date] [Your Coverage Effective Date]. Increases will not be available if You are Chronically Ill or otherwise eligible for benefits.

You will be given the option to purchase additional coverage equal to [5%][3%] compounded annually for the [2][3] year anniversary period (an approximate increase of [XX.x%]). The increases will apply to: Your Nursing Facility Maximum, # ® © Coverage Maximum and other maximums that are based on Your Nursing Facility Maximum. The additional premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the premiums in effect for the Group Policy on the date the increase takes effect. [Calculation of the increased amounts is not affected by benefit payments.]

Offers and Benefit Increases cease when: (a) You have refused/declined three consecutive increases; (b) the applicable maximum has been exhausted; (c) Your Coverage terminates; or (d) Your Coverage is continued under a Nonforfeiture Benefit, if applicable.]

[5%][3%] Guaranteed Purchase Options: These provide a way to increase Your benefit maximums on every [2nd][3rd] anniversary of [the Group Policy Effective Date] [Your Coverage Effective Date]. Increases will be available even if You are Chronically Ill or otherwise eligible for benefits.

Unless refused/declined by You, these increases will provide additional coverage equal to [5%][3%] compounded annually for the [2][3] year anniversary period (an approximate increase of XX.x%). The increases will apply to: Your Nursing Facility Maximum, # ® © Coverage Maximum and other maximums that are based on Your Nursing Facility Maximum. The additional premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the premiums in effect for the Group Policy on the date the increase takes effect. [Calculation of the increased amounts is not affected by benefit payments.]

Offers and Benefit Increases cease when: (a) You have refused/declined three consecutive increases; (b) the applicable maximum has been exhausted; (c) Your Coverage terminates; or (d) Your Coverage is continued under a Nonforfeiture Benefit, if applicable.

APPENDIX C
ISSUER CERTIFICATION FORM
(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, *e.g.*, as it introduces new long-term care insurance policy forms for issuance.

I. GENERAL INFORMATION**A. Name, address and telephone number of issuer:**

Genworth Life Insurance Company
6620 West Broad St.
Richmond, VA 23230
888-436-9678

B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:

Jeanette Mai
6620 West Broad St.
Richmond, VA 23230
804-922-5639

C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):

7050POL et al and 7050CERT et al

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

II. CERTIFICATIONS

- A.** I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.
- B.** I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on Genworth Life Insurance Company's behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.
- C.** I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

Date

8/15/2005

Paul Loveland, VP

Name and title of officer of the Issuer

Signature of officer of the Issuer

<i>SERFF Tracking Number:</i>	<i>GEFA-125754849</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39947</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group LTC 2008</i>		
<i>Project Name/Number:</i>	<i>Group LTC 2008/7050 POL</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Cover Letter	08/12/2008	AR Submission Letter.pdf
No original date	Form	Respite Care	08/12/2008	7050CRT-RES.pdf
No original date	Form	Application (Comprehensive Modified Guaranteed Issue)	08/12/2008	44752.pdf
No original date	Form	Application (Long Form)	08/12/2008	43160.pdf

RESPITE CARE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Respite Care, as described below.

Covered Expenses

Covered Expenses for Respite Care means expenses You incur for Respite Care that would be payable under the following if there were no Deductible or Elimination Period requirement:

- the Nursing Facility Benefit;
- the Assisted Living Facility Benefit; and
- the Home and Community Care Benefit;

Definition

Respite Care means temporary care You receive in order to provide short-term relief for the person who normally and primarily provides You with care in Your Home on a regular, unpaid basis.

Your Plan of Care must state:

- the name of the unpaid caregiver for whom the respite is being provided; the period of respite; and
- the Covered Care You will require to replace that normally provided by the unpaid caregiver.

Respite Care can be received: in Your Home; or during a temporary stay in a Nursing Facility or Assisted Living Facility.

Payment Limitations

Payment of this Benefit is subject to:

- the Coverage Maximum.
- the payment limit shown in the Schedule for the Nursing Facility Benefit for Respite Care received in a Nursing Facility;
- the payment limit shown in the Schedule for the Assisted Living Facility Benefit for Respite Care received in an Assisted Living Facility;
- the payment limit shown in the Schedule for the Home and Community Care Benefit for Respite Care received while You are living at Home;
- the maximum payment period (days per calendar year) shown in the Schedule for this Benefit; and
- all other provisions and conditions applicable to Your Coverage.

Payment of this Benefit is not subject to any Deductible or Elimination Period requirement; and days of Covered Care under it cannot be used to satisfy any Deductible or Elimination Period requirement.



Genworth®
Financial

Administrative office:
[Genworth Life]
[3100 Albert Lankford Drive
Lynchburg, VA 24501
genworth.com]

Application For Long Term Care Insurance

underwritten by Genworth Life Insurance Company

[Page **X** of X]

Please print all answers in black ink.

A. Personal profile

[This application is for employees that are actively at work.]

Select one

☐ Mr.

☐ Mrs.

☐ Miss

☐ Ms.

☐ Other title

Applicant Name

.

Select one

☐ Married/Legal Couple

☐ Single

☐ Widowed

Employee ID Number *If applicable*

.

Social Security Number

Email address

.

Birth date *mm/dd/yyyy*

Age

Birthplace State

☐ Male

☐ Female

Daytime phone

Evening phone

Best time to call

.

.

.

am/pm

Resident street address *Cannot be a P.O. box*

.

City

State

Zip

.

.

.

Mailing address *If different from resident address*

.

City

State

Zip

.

.

.

[I am eligible as an:] ☐ Employee]

☐ Spouse/Partner] ☐ Other

.

Application For Long Term Care Insurance

[Page X of X]

Applicant Name *Print*

B. Insurability profile

1. Within the past 12 months, have you used or been advised by a Healthcare Professional to use any of the following: ☐ Yes ☐ No

- Assistance or supervision with Moving in/out of a bed or chair, Bathing, Dressing, Eating, Toileting, Bowel or Bladder Control, Walking, or Managing Medications;
- Home Health Care, Adult Day Care Services, or care in a Nursing Home, Assisted Living Facility, or any other Long Term Care Facility; or
- A Walker, Wheelchair, Quad Cane, Motorized Scooter, Hospital Bed, Oxygen, or Kidney Dialysis?

2. Do you have or have you ever been diagnosed by a Healthcare Professional as having any of the following: ☐ Yes ☐ No

- Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or positive Human Immunodeficiency Virus (HIV) test
- Amyotrophic Lateral Sclerosis (ALS also called Lou Gehrig's Disease)
- Alzheimer's Disease
- Cancer of the following within the past 4 years: Bone, Brain, Esophagus, Liver, Lung, Ovary, Pancreas or Stomach
- Cirrhosis of the Liver
- Congestive Heart Failure (CHF)
- Cystic Fibrosis
- Dementia
- Diabetes under treatment with insulin or with a history of Transient Ischemic Attack (TIA), Heart Disease, or Circulatory/Vascular Disease
- Frequent or persistent forgetfulness or memory loss
- Huntington's Chorea
- Metastatic Cancer (cancer that has spread from its original site)
- Multiple Sclerosis (MS)
- Muscular Dystrophy
- Organ Transplant, other than Kidney or Cornea
- Organic Brain Syndrome
- Parkinson's Disease
- Senility
- Schizophrenia or other forms of Psychosis
- Stroke
- Transient Ischemic Attack (TIA) within the past 5 years or more than one TIA

Before you continue with this application: If you answered YES to question 1 or 2, do not submit this application. If you answered NO to both questions, please continue.

3. Height *Feet and inches*

Weight *Pounds*

Application For Long Term Care Insurance

[Page **X** of X]

Applicant Name *Print*

.....

C. Other Coverage and replacement

4. Do you have any accident and sickness or long term care, nursing home, or home health care insurance policy or certificate (including health care service contract, health maintenance organization contract, or life insurance with long term care Coverage) in force or applied for? ☐ Yes ☐ No
If YES, provide DETAILS below.

Company Name

Daily/Monthly benefit

..... \$

Is it a Long Term Care policy/certificate? ☐ Yes ☐ No

5. Do you have Long Term Care Insurance Coverage with us? ☐ Yes ☐ No
If YES, list policy/certificate number(s).

.....

6. Did you have another long term care, nursing home, or home health care insurance policy/certificate in force during the last 12 months? ☐ Yes ☐ No
If YES, with which company?

.....

If that insurance lapsed, when did it lapse?

.....

7. Do you intend to replace any of your long term care, medical, or health insurance with this Coverage? ☐ Yes ☐ No
If YES, name company being replaced.

.....

8. Are you covered by Medicaid (not the same as Medicare)? ☐ Yes ☐ No

D. Protection against unintentional lapse

You **must** make one selection.

I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long term care insurance for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid.

☐ I elect NOT to designate any person to receive such notice.

☐ I designate the following person to receive notice prior to cancellation of my Coverage for nonpayment of premium.

Name

Relationship to applicant

.....

Phone

.....

Address

.....

City

State

Zip

.....

If you designate a person to receive notice prior to cancellation, we recommend someone other than a spouse or agent/producer.

Application For Long Term Care Insurance

[Page **X** of X]

Applicant Name *Print*

.

E. Declarations

No agent is authorized to change, waive, or alter the terms and conditions of this application; accept risks; pass upon insurability; make or modify contracts; or waive any of Genworth Life's rights or requirements.

[Rejection of 5% Compound Benefit Increases inflation protection:

*Check circle **only** if you have selected a benefit increase option other than 5% Compound Benefit Increases.*

- ☐ I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this Coverage with and without inflation protection. Specifically, I have reviewed the Benefit Increase options available, and I reject inflation protection of at least 5% Compound Benefit Increases.]

[Rejection of optional Nonforfeiture Benefit Rider:

*Check circle **only** if you have declined this rider*

- ☐ I have reviewed the Outline of Coverage and compared the benefits and premiums of this Coverage with and without the Nonforfeiture Benefit Rider, and I reject this Rider.]

Receipt of disclosures

I have received and read the Privacy Notice. When I applied for this Coverage to be issued by Genworth Life Insurance Company, I received the Outline of Coverage (called Disclosure Form in some states) and the applicable Shopper's or Buyer's Guide, the Potential Rate Increase Disclosure, Suitability Disclosure and Personal Worksheet.

Agreement

I represent and agree that:

1. The answers contained in this application and any attachments are full, complete and true to the best of my knowledge and belief; and
2. This application will be part of the Coverage for which I am applying; and
3. If my application is approved by the Company, the effective date of my Coverage will be determined in accordance with the terms of the Group Policy, including any applicable Actively at Work requirements. I also understand and agree that no insurance will be in effect pursuant to this application unless the Group Policy is in effect, and there has been no change in my health that would change the answer to any of the questions in this application.
4. If there is any change in my health that would change my answers while this application is pending, I will notify the Company of such change.

I have read the above statements or they have been read to me. I understand that my answers form the basis of my Coverage under the Group Policy. I understand that any misstatements or failure to report information that is material to the issuance of Coverage may be used as a basis for rescission of this Coverage and/or denial of payment of a claim.

[Actively at work]representation

Check circle

- ☐ I certify that [I am an actively at work employee. I understand that Coverage will not go into effect for me unless I am Actively at Work for the prior 30 calendar day period. Actively at Work means I am an employee who is performing the usual duties of my job at my usual place of work as required by my employer on a [full-time basis at least 30 hours each week.] I will be considered Actively at Work while on employer approved vacations, holidays and regularly scheduled days off, or during temporary business closures. I will not be considered Actively at Work if I am unable to perform my usual duties due to a sickness, accident or injury or if I am on a leave of absence, a sabbatical or retired from the same employer.]

Caution

If your answers on this application are incorrect or untrue, Genworth Life may have the right to deny benefits or rescind your Coverage, subject to the Misstatement/Incontestability provisions of the Group Policy.

Signature(s)

Signature of Applicant

Date signed

X

.

[Signature of Licensed and Appointed Insurance Producer/Agent/Representative *If applicable*

Date signed

X

.

]

APPLICATION

★ For Insurance ★

Genworth Life Insurance Company [Administrative Office: 3100 Albert Lankford Dr., Lynchburg, VA 24501]

A. INSURABILITY PROFILE

Applicant A			Applicant B	
YES	NO		YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	1. Are you covered by Medicaid (<u>not</u> the same as Medicare)?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	2A. Do you use a Walker, Wheelchair or Quad Cane; Hospital Bed; Oxygen, Respirator or Kidney Dialysis; or need assistance or supervision by another person in performing any of the following: Moving in/out of bed or chair, Bathing, Dressing, Eating, Toileting, Bowel/Bladder control, or Walking?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	B. Have you been advised to: receive home care, use an adult day care facility, enter a nursing home, enter an assisted care facility, or enter any other long term care facility?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you had, do you currently have, or have you ever been medically diagnosed as having any of the following: •ALS (Lou Gehrig's disease) •Alzheimer's Disease •Congestive Heart Failure (CHF) <i>in combination</i> with any of the following: Heart Attack or Angina; Emphysema/Chronic Obstructive Pulmonary Disease (COPD); Angioplasty or Heart Surgery; Asthma or Chronic Bronchitis •Cirrhosis of the Liver •Cystic Fibrosis •Dementia •Diabetes under treatment with Insulin or with a history of TIA, Heart Disease, or Circulatory/Vascular Disease •Frequent or persistent forgetfulness or memory loss •Huntington's Chorea •Metastatic Cancer (spread from original site/location) •Multiple Sclerosis (MS) •Muscular Dystrophy •Organic Brain Syndrome •Parkinson's Disease •Senility •Stroke •Transient Ischemic Attack (TIA) within the past 5 years •TIA <i>in combination</i> with Diabetes or Heart Surgery •TIA two or more times	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4. In the past 4 years have you had Cancer of the: Bone, Brain, Esophagus, Liver, Lung, Ovary, Pancreas, or Stomach?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5. Have you ever been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) caused by the Human Immunodeficiency Virus (HIV) infection, or other sickness or condition derived from such infection, or tested positive for HIV or exposure to the HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE BEFORE YOU CONTINUE WITH THIS APPLICATION: If you answered YES to any of the questions in Part A, we suggest that you do not submit this application. If you answered NO to every question, please continue.

B. PERSONAL PROFILE

Print clearly - Use black ink

[APPLICANT A]

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other Title: _____

Name _____
(As it should appear on your Coverage documents)

☐ Married/Legal Couple ☐ Single ☐ Widowed

Social Security Number _____

[Employee/Member ID] Number _____

[Employer/Group Name] _____

Birthdate _____ Age _____ Birthplace (state) _____

☐ Male ☐ Female Height: ft. _____ in. _____ Weight: lbs. _____

Daytime Phone (_____) _____

Evening Phone (_____) _____

Best time to call _____ ☐ a.m. ☐ p.m.

E-mail address _____

I am eligible as: ☐ [Actively at work Employee/Member] ☐ [Spouse/Partner]
☐ [Other _____]

Resident Address _____
(Street Address Only, No P.O. Boxes -- Your Coverage will be issued based on this address.)

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

[APPLICANT B]

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other Title: _____

Name _____
(As it should appear on your Coverage documents)

☐ Married/Legal Couple ☐ Single ☐ Widowed

Social Security Number _____

[Employee/Member ID] Number _____

[Employer/Group Name] _____

Birthdate _____ Age _____ Birthplace (state) _____

☐ Male ☐ Female Height: ft. _____ in. _____ Weight: lbs. _____

Daytime Phone (_____) _____

Evening Phone (_____) _____

Best time to call _____ ☐ a.m. ☐ p.m.

E-mail address _____

I am eligible as: ☐ [Actively at work Employee/Member] ☐ [Spouse/Partner]
☐ [Other _____]

C. MEDICAL PROFILE

[Applicant A] **6.** In the past 5 years (10 years for Cancer) have you: received medical advice or treatment; been medically diagnosed; or consulted with a health professional for any of the following conditions? [Applicant B]
 [YES NO] If 'YES,' please check appropriate boxes [for *each applicant (A and B)*] and explain under the **DETAILS** section. [YES NO]
☐ ☐ ☐ ☐

[A]	[B]	[A]	[B]	[A]	[B]
<input type="checkbox"/> Alcoholism	<input type="checkbox"/>	<input type="checkbox"/> Epilepsy, Seizures, or Convulsions	<input type="checkbox"/>	<input type="checkbox"/> Myasthenia Gravis	<input type="checkbox"/>
<input type="checkbox"/> Amputation	<input type="checkbox"/>	<input type="checkbox"/> Fainting Spells or Blacking Out	<input type="checkbox"/>	<input type="checkbox"/> Organ Transplant	<input type="checkbox"/>
<input type="checkbox"/> Angioplasty or Heart Surgery	<input type="checkbox"/>	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/>	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/>
<input type="checkbox"/> Asthma or Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> Heart Attack, Angina or Atrial Fibrillation	<input type="checkbox"/>	<input type="checkbox"/> Post-Polio Syndrome	<input type="checkbox"/>
<input type="checkbox"/> Brain Disorder	<input type="checkbox"/>	<input type="checkbox"/> Hodgkin's Disease	<input type="checkbox"/>	<input type="checkbox"/> Paralysis	<input type="checkbox"/>
<input type="checkbox"/> Cancer (excl. Basal Cell of the Skin)	<input type="checkbox"/>	<input type="checkbox"/> Immune System Disorders	<input type="checkbox"/>	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/>
<input type="checkbox"/> Carotid or other Arterial Surgery	<input type="checkbox"/>	<input type="checkbox"/> Injury due to Falls or Imbalance	<input type="checkbox"/>	<input type="checkbox"/> Scleroderma	<input type="checkbox"/>
<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/>	<input type="checkbox"/> Joint Replacement Surgery	<input type="checkbox"/>	<input type="checkbox"/> Skin Ulcers	<input type="checkbox"/>
<input type="checkbox"/> CREST Syndrome	<input type="checkbox"/>	<input type="checkbox"/> Kidney Failure	<input type="checkbox"/>	<input type="checkbox"/> Tremor	<input type="checkbox"/>
<input type="checkbox"/> Depression	<input type="checkbox"/>	<input type="checkbox"/> Leukemia	<input type="checkbox"/>	<input type="checkbox"/> Other Conditions Causing Crippling or Limited Motion, or Requiring Adaptive Devices	<input type="checkbox"/>
<input type="checkbox"/> Diabetes not treated with Insulin	<input type="checkbox"/>	<input type="checkbox"/> Lupus	<input type="checkbox"/>		
<input type="checkbox"/> Disabling Back or Spine Condition	<input type="checkbox"/>	<input type="checkbox"/> Mental Illness	<input type="checkbox"/>		
<input type="checkbox"/> Drug Addiction	<input type="checkbox"/>	<input type="checkbox"/> Mental Retardation	<input type="checkbox"/>		
<input type="checkbox"/> Emphysema/COPD	<input type="checkbox"/>	<input type="checkbox"/> Multiple Myeloma	<input type="checkbox"/>		

If you need more space to answer the following questions, please use the **DETAILS** section.

[Applicant A]	[Applicant B]
[YES NO]	[YES NO]
<input type="checkbox"/> <input type="checkbox"/> 7. Within the past 5 years, have you:	
<input type="checkbox"/> <input type="checkbox"/> A. Smoked or used other tobacco products?	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> B. Required assistance with managing medications, shopping, using transportation, or housekeeping/cooking? If YES to any, please explain.	<input type="checkbox"/> <input type="checkbox"/>
[Applicant A B] Type of assistance Reason	
<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> C. Received home health care; used an adult day care facility; been confined to a nursing home, assisted care facility, or other long term care facility? If YES to any, please explain.	<input type="checkbox"/> <input type="checkbox"/>
[Applicant A B] Date Reason	
<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> D. Been medically advised to have surgery which has not been performed? If YES, please explain (including dates of scheduled surgeries).	<input type="checkbox"/> <input type="checkbox"/>
[Applicant A B] Date Surgery Type Reason	
<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> E. Received Social Security Disability Insurance benefits?	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> F. Taken any prescription medications for High Blood Pressure and/or any form of Arthritis? If YES, list each medication and why it's needed.	<input type="checkbox"/> <input type="checkbox"/>
[Applicant A B] Medication Why needed?	
<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> _____	

Print Name of Applicant[A] _____ [Print Name of Applicant B _____]

[Applicant A YES NO] [Applicant B YES NO]

8. Within the past 2 years, have you:

- ☐ ☐ A. Received Disability Income, Worker's Compensation, or any state disability benefit? ☐ ☐
- ☐ ☐ B. Had another Long Term Care insurance application denied by us or any other company? *If YES, by what company?* ☐ ☐
- [Applicant A] _____ [Applicant B] _____
Company: _____ Company: _____

9. Within the past 3 years have you:

- ☐ ☐ A. Taken *any* prescription medications (not previously listed in this application)? ☐ ☐
If YES, list each medication and why it's needed.
- | [Applicant A YES NO] | [Applicant B YES NO] | Medication | Why needed? |
|---|---|------------|-------------|
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |

- ☐ ☐ B. Been medically advised to enter or been confined to a hospital or other health care facility? ☐ ☐
If YES, please explain (including dates and reasons).

[Applicant A YES NO]	[Applicant B YES NO]	Date	Facility	Reason
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____

10A. Who is your primary care physician with most of your medical records?

[Applicant A]	[Applicant B]
Doctor's Name _____	Doctor's Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone No. _____	Phone No. _____
Date last seen (Mo/Day/Yr) _____	Date last seen (Mo/Day/Yr) _____
Reason Last Seen _____	Reason Last Seen _____

- ☐ ☐ B. Within the past 3 years have you consulted with or been treated by a licensed health care provider, ***other than your primary care doctor*** for any reason excluding eye doctors, podiatrists, and dentists? ☐ ☐
If YES, please complete the following.

[Applicant A YES NO]	[Applicant B YES NO]	Physician's Name	City, State	Specialty	Reasons Consulted/Treated	Date(s)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____	_____

D. DETAILS

Provide condition, reason consulted/treated, dates from/to, and name, address and phone # of Health Care Professional/Facility. For medications, please provide only the name and reason for taking. Include the question number for the details being provided.

[Applicant A]

Ques.#

[Applicant B]

Ques.#

E. FAMILY HISTORY PROFILE

[Applicant A]				[Applicant B]		
YES	NO	UNKNOWN		YES	NO	UNKNOWN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11A. Is your mother living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. What is your mother's current age, or her age at death?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Did/Does your mother have any of the following illnesses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Coronary Artery Disease or any other form of Vascular Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Alzheimer's or any other form of Dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12A. Is your father living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. What is your father's current age, or his age at death?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Did/Does your father have any of the following illnesses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Coronary Artery Disease or any other form of Vascular Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Alzheimer's or any other form of Dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. APPLICANT PROFILE

[Applicant A]			[Applicant B]	
YES	NO		YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	13A. Do you work 20 or more hours a week outside your home? <i>If YES, list occupation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
[Applicant A] Occupation: _____			[Applicant B] Occupation: _____	
<input type="checkbox"/>	<input type="checkbox"/>	B. Do you perform volunteer work? <i>If YES, list type of work and list hours worked per week.</i>	<input type="checkbox"/>	<input type="checkbox"/>
[Applicant A] Type of work: _____ hrs/week			[Applicant B] Type of work: _____ hrs/week	
<input type="checkbox"/>	<input type="checkbox"/>	C. Do you have any hobbies, interests, or participate in any outside activities on a regular basis? <i>If YES, please describe.</i>	<input type="checkbox"/>	<input type="checkbox"/>
[Applicant A] Activities: _____			[Applicant B] Activities: _____	
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you drive an automobile? <i>If YES, provide approximate annual mileage:</i>	<input type="checkbox"/>	<input type="checkbox"/>
[Applicant A] Mileage: _____			[Applicant B] Mileage: _____	
<input type="checkbox"/>	<input type="checkbox"/>	15. Do you live in some form of a residential retirement community?	<input type="checkbox"/>	<input type="checkbox"/>
[Applicant A] <i>If YES, list the specific services that are received (e.g., housekeeping, laundry, meals):</i> Services: _____			[Applicant B] Services: _____	

G. OTHER COVERAGE AND REPLACEMENT

	[Applicant A YES NO <input type="checkbox"/> <input type="checkbox"/>		[Applicant B YES NO <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>	16A. Do you have any accident and sickness or Long Term Care, Nursing Home, or Home Health Care insurance policy or certificate (including health care service contract, health maintenance organization contract, or life insurance with Long Term Care coverage) in force or applied for? <i>If YES, provide DETAILS below.</i> [Applicant A] _____ [Applicant B] _____ Company: _____ Company: _____ Long Term Care? <input type="checkbox"/> No <input type="checkbox"/> Yes Daily Benefit: \$ _____ Long Term Care? <input type="checkbox"/> No <input type="checkbox"/> Yes Daily Benefit: \$ _____	
	<input type="checkbox"/> <input type="checkbox"/>	B. If you have Long Term Care Insurance coverage with us, please list policy/certificate number(s): [Applicant A] _____ [Applicant B] _____ Policy/certificate number(s): _____ Policy/certificate number(s): _____	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>	C. Did you have another Long Term Care, Nursing Home, or Home Health Care insurance policy/certificate in force during the last 12 months? <i>If YES, with which company?</i> [Applicant A] _____ [Applicant B] _____ Company: _____ Company: _____ If that insurance lapsed, when did it lapse? [Applicant A] _____ [Applicant B] _____ Lapse Date: _____ Lapse Date: _____	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>	D. Do you intend to replace <i>any</i> of your long term care, medical, or health insurance with this Coverage? <i>If YES, name company being replaced:</i> [Applicant A] _____ [Applicant B] _____ Company: _____ Company: _____ [[AGENT: If YES, the Replacement Notice must be completed, dated and signed by both you and the Applicant. Leave a copy with the Applicant and send a copy with the application. APPLICANT with no AGENT:]If YES, please complete, date and sign the Replacement Notice. Send a copy with your application and keep a copy for your records.]	<input type="checkbox"/> <input type="checkbox"/>

H. PROTECTION AGAINST UNINTENTIONAL LAPSE

*One of the boxes **must be** checked.*

I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid.

[Applicant A (Use for Individual and Shared Applications)]

- ☐ I elect NOT to designate any person to receive such notice.
- ☐ I designate the following person to receive notice prior to cancellation of my Coverage for nonpayment of premium:

If selecting this option, we recommend designating someone other than a spouse or agent.

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other Title: _____

Full Name _____

Home Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Relationship _____

[Applicant B (Complete whenever there is a second applicant)]

- ☐ Same as applicant A.
- ☐ I elect NOT to designate any person to receive such notice.
- ☐ I designate the following person to receive notice prior to cancellation of my Coverage for nonpayment of premium:

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other Title: _____

Full Name _____

Home Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Relationship _____

I. DECLARATIONS

No agent is authorized to: change, waive, or alter the terms and conditions of this application; accept risks; pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

REJECTION OF 5% COMPOUND FOR LIFE INFLATION PROTECTION:

Check box **only** if you have selected a benefit increase option other than 5% Compound for Life.

[Applicant A]

☐ I have reviewed the outline of coverage (or disclosure form) and the graphs that compare the benefits and premiums of this Coverage with and without inflation protection. Specifically, I have reviewed plans with and without inflation protection, and I reject inflation protection 5% Compound for Life.

[Applicant B]

☐ I have reviewed the outline of coverage (or disclosure form) and the graphs that compare the benefits and premiums of this Coverage with and without inflation protection. Specifically, I have reviewed plans with and without inflation protection, and I reject inflation protection 5% Compound for Life.]

REJECTION OF OPTIONAL NONFORFEITURE BENEFIT RIDER:

[Applicant A]

☐ Yes ☐ No I have reviewed the Outline of Coverage and compared the benefits and premiums of this Coverage with and without the Nonforfeiture Benefit Rider, and I reject this Rider.

[Applicant B]

☐ Yes ☐ No I have reviewed the Outline of Coverage and compared the benefits and premiums of this Coverage with and without the Nonforfeiture Benefit Rider, and I reject this Rider.]

AUTHORIZATION: I authorize Genworth Life Insurance Company, its insurance support organizations, affiliates, and any reinsurers, to obtain information as to the diagnosis, treatment or prognosis of my physical and mental condition, other coverage and any other information needed to evaluate my application for insurance. Upon presentation of this authorization, or copy of it, they may obtain such information or records thereof from any physician, health professional, hospital, clinic, Veterans Administration or other medical or medically related facility, care provider or evaluator, insurance company, consumer reporting agency or insurance support organization or other person or organization which has such information. The Company and its reinsurers may also obtain such information from the Medical Information Bureau. This authorization includes information about drugs, alcoholism, and mental illness. I understand and agree that the Company or its representatives may conduct a phone or in-person interview as part of the underwriting process. I agree that this authorization will be valid for 24 months from the date signed, and know that I or my authorized representative may have a photocopy of it.

RECEIPT: I have received and read the Privacy Notice. When I applied for this Coverage to be issued by Genworth Life Insurance Company, I also received the Outline of Coverage (called Disclosure Form in some states), the applicable Shopper's or Buyer's Guide, the Potential Rate Increase Disclosure, the Suitability Disclosure, and the Personal Worksheet.

AGREEMENT: I agree this application will be part of the Coverage for which I am applying and that the answers contained herein are full, complete and true to the best of my knowledge and belief. I understand that my Coverage will take effect according to the terms of the Group Policy [including any Actively at Work requirement], only:

1. if the Group Policy is in effect and:
2. if I qualify and there has been no change in my health that would change the answers to any questions in this application [;and
3. if applying as an employee, I am Actively at Work performing the usual duties of my job at my usual place of work as required by my employer on a [full-time basis at least 30 hours each week.]]

[REQUEST FOR A LATER EFFECTIVE DATE:

If the Initial Premium is paid, check this box **only** to request that your Coverage become effective at a date later than the date you sign this application.

☐ * Applicant A ☐ * Applicant B]

* By checking this box I acknowledge that, if my application is approved, the effective date of my Coverage will be a later date to be set by the Company. I understand that the Company will consider any changes to my health *after* the date this application is signed in their underwriting decision, and that the Initial Premium will begin as of the Effective Date set by the Company.]

CAUTION: If your answers on this application are incorrect or untrue, Genworth Life Insurance Company may have the right to deny benefits or rescind your Coverage, subject to the Misstatement/Incontestability provisions of the Group Policy.

X
Signature of Applicant[A]

Date Signed

X
Signature of Applicant B

Date Signed

X
Signature of Licensed and Appointed Insurance
Producer/Agent/Representative, if applicable

Date Signed



6620 West Broad Street
Building 4
Richmond, VA 23230
www.genworth.com

August 15, 2008

Arkansas Department of Insurance

Re: Genworth Life Insurance Company
FEIN # 91-6027719 NAIC # 70025
GROUP ACCIDENT AND HEALTH INSURANCE
Long Term Care Insurance Policy 7050POL, et al. (See enclosed Attachment A)

Dear Sir or Madam:

We are submitting the group long term care insurance forms cited in Attachment A to this letter for your review and approval. These forms are new to our portfolio and will not replace any previously filed or approved forms. Substantially similar forms are being filed concurrently in Delaware, our state of domicile.

These forms provide group long term care insurance and are filed for general use in accordance with the applicable statutes and regulations of your jurisdiction. The group policy is guaranteed renewable and intended to provide federally tax qualified long term care insurance under the Health Insurance Portability and Accountability Act of 1996. The forms are designed so that the group master policy may be issued to any group eligible by statute and/or regulation in your state for long term care insurance. Coverage may be issued to eligible employees or eligible retirees of an employer group or eligible members of other allowable groups. Coverage may also be offered to any of the following family members of eligible employees of employer groups, eligible retirees of employer groups or the eligible participants of other allowable groups: spouse, partner, surviving spouse or partner, adult child, sibling, parent or grandparent.

The group policyholder will select and design the number and types of plans it wishes to offer to applicants. The policyholder will design these plans with respect to selecting single or multiple options of the following:

- Rate Guarantee Period
- Eligibility for Coverage
- Coverage Maximum
- Elimination Period or Deductible
- Coverage Percentage
- Nursing Facility Maximum
- Benefit Increase Options
- Optional Benefits and Riders
- Policyholder contribution to premium payment

Parameters for these category options are included in the Statements of Variability attached. The policy forms attached include an illustrative sample of an available benefit option.



Benefit Provisions. The following core benefits will be included in each policy issued; however, alternate versions of these benefits may be used as noted in the attached Statements of Variability:

- Privileged Care Coordination Services
- Nursing Facility Benefit
- Assisted Living Facility Benefit
- Home and Community Care Benefit
- Bed Reservation Benefit
- Home Assistance Benefit
- Hospice Care Benefit
- Respite Care Benefit
- Alternate Care Benefit
- International Coverage Benefit
- Waiver of Premium Benefit
- Contingent Nonforfeiture

In addition, the following optional benefits may be offered. Similarly, alternate versions of these benefits may also be offered as noted in the attached Statements of Variability:

- Informal Care Benefit
- Return of Premium on Death Benefit
- Restoration Benefit
- Transition Benefit
- Nonforfeiture Benefit Rider
- Joint Coverage Rider
- Shared Coverage Rider
- Survivorship Benefit.

Several Benefit Increase Options will be offered including: 5% Compound; 3% Compound; Purchase Options; and others as listed in the attached Statements of Variability.

Variability of Forms. We have included separate Statements of Variability for: the policy, certificate and related forms; the policy and certificate schedule pages; and Benefit Increase Options. These Statements address the purpose of any bracketed fields found in the policy and related forms.

Applications. We are including the following applications for your review and approval: Group Master Application, 7050 MA; Applications 43160 (Long Form) and 44752 (Comprehensive Modified Guaranteed Issue). In addition, we also intend to use applications 37607(Guaranteed Issue), 37608 (Simplified Modified Guaranteed Issue) and 37610 (Short Form), which were previously approved by your Department on 9/13/05.

Additional Forms. A Personal Worksheet and Potential Rate Increase Disclosure have also been included for your review and approval. Replacement Notice 7046RPMT, will be used. This form was previously approved by your Department on 9/13/05.

Format. While the attached forms are submitted on 8 ½ by 11 pages, we reserve the right to also print the same text in other formats or type faces and sizes (not less than your state's required minimum) such as in booklet format (5½ by 8 ½ pages), multiple columns or on electronic media (e.g. CD-ROM, Internet), if requested by the group policyholder.



Marketing Method. This product will be marketed through employee meetings, agent/producer assisted sales, the Internet or the direct response method. Each applicant will receive an Outline of Coverage at time of application.

Partnership. In addition, we are submitting a completed Long Term Care Partnership Certification Form in order that, upon approval, this policy may be marketed as a qualified Partnership Policy under the Arkansas Long Term Care Partnership Program. We request consideration for Partnership, the policy's following inflation protection options:

3%, 4%, or 5% Compound Benefit Increases (all ages);
5% Equal or 3% Compound Benefit Increases (ages 61 and above);
Benefit Increases Adjusting at Age 66 (all ages);
No Automatic Increases (age 76 and above)

An Actuarial Memorandum and rates are also included for your review, together with any required certifications and filing fees.

We trust that this submission will be acceptable to your Department. However, please let me know if you should have any questions or comments.

Sincerely,

Jeanette Mai

Sr. Contracts Analyst
LTC Product Development



Attachment A

Form Number

Description

Policy

7050POL

Group Master Policy

Certificate

7050CRT
7050CRT-SCH
7050CCRT-TOC
7050CRT-POC
7050CRT-DEF
7050CRT-EL
7050CRT-PCC
7050CRT-HCF
7050CRT-HCFI
7050CRT-HA
7050CRT-INFWD
7050CRT-INF
7050CRT-HOS
7050CRT-RES
7050CRT-TRN
7050CRT-ALFV
7050CRT-ALF
7050CRT-NF
7050CRT-BR
7050CRT-BRNF
7050CRT-IC
7050CRT-ALT
7050CRT-WP
7050CRT-SURV10X
7050CRT-RB
7050CRT-GRP
7050CRT-RP10
7050CRT-CNF
7050CRT-EX

Certificate
Certificate Schedule
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Informal Care Benefit
Informal Care Benefit
Hospice Care Benefit
Respite Care Benefit
Transition Benefit
Assisted Living Facility Benefit
Assisted Living Facility Benefit
Nursing Facility Benefit
Bed Reservation Benefit
Bed Reservation Benefit
International Coverage Benefit
Alternate Care Benefit
Waiver Premium Benefit
10 Year Survivorship Benefit
Restoration Benefit
Graded Return of Premium on Death Benefit
10 Year Return of Premium on Death Benefit
Contingent Nonforfeiture Benefit
Exclusions and Limitations



7050CRT-PREM
7050CRT-CP
7050CRT-GEN
7050CRT-N AR

Premiums and Renewal
Claims Provisions
General Provisions
Arkansas Contact Notice

Riders

7050RDR-GRP
7050RDR-RP10
7050RDR-NFO
7050RDR-SCNW
7050RDR-SCW
7050RDR-JC
7050RDR-SURV10
7050RDR-SURV10X
7050RDR-SURV7
7050RDR-RB
7050RDR-LP65
7050RDR-LP10

Graded Return of Premium Rider
10 Year Return of Premium Rider
Nonforfeiture Benefit Rider
Shared Coverage Rider
Shared Coverage Rider
Joint Coverage Rider
10 Year Survivorship Rider
10 Year Survivorship Rider
7 Year Survivorship Rider
Restoration Rider
To Age 65 Premium Payment Rider
10 Year Premium Payment Rider

Applications

7050MA
44752
43160

Group Master Application
Application (Comprehensive Modified Guaranteed Issue)
Application (Long Form)

7050-OL

Outline of Coverage

Additional Forms

45875W
45912

Personal Worksheet
Potential Rate Increase Disclosure Notice

Partnership Certification

Actuarial Memorandum and Rate Sheets